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Director - Office of Consumer Affairs
www.putnamcountyny.gov/consumer-affairs/



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(845) 808-1617, x 46025

**PUTNAM COUNTY OFFICE OF CONSUMER AFFAIRS
WEIGHTS & MEASURES | LICENSING & REGISTRATION
ELECTRICAL BOARD OF EXAMINERS**

Re-Apply to Test Application

Upon the Electrical Board's approval of your application, you were invited to take one of the following exams:

- Master Electrician exam
- Low Voltage/Limited Data Communication Technician exam
- Electrical Journeyman exam

If you failed your exam, you can reapply as many times as needed to pass, within one year of the date of your original approval.

There is a separate fee to retake the test payable directly to the testing agency.

Requirements checklist:

- Completed and signed Re-application
- Re-application fee: \$75 – check made out to *Commissioner of Finance*



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

FOR OFFICE USE ONLY	
Re-Application Fee Amount:	_____
Application No.	_____ Batch No. _____
Company Ck#	_____ Personal Ck# _____
M.O. number	_____
Credit/debit card author code:	_____
Processed:	_____

RE-APPLICATION TO TEST APPLICATION

Check one:

- Master Elec.Exam Low Voltage/Lmtd Data Comm. Exam Elec. Journeyman Exam

Name: _____

What was the date of your prior test(s): _____

Complete this section only if your information has changed since your original application:

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Company Name: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Company Email: _____

AFFIDAVIT

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: _____