



PUTNAM COUNTY CONSUMER AFFAIRS
Weights & Measures/ Trades Licensing & Registration
110 Old Route 6, Building #3, Carmel, NY 10512

PLUMBING/MECHANICAL LICENSE
SHELVING INSTRUCTIONS

Attached is the **(Optional)** shelving affirmation. This affirmation applies to anyone wishing to shelve their license in 2026.

The fee for shelving your license is \$50.00 per year, per license and must be done annually. Check or Money Order should be made out to the COMMISSIONER OF FINANCE. Cash will not be accepted.

The signed affirmation must be returned to this office **before January 1, 2026**. If you do not have the affirmation in the office by the required date, you will be considered late and will be subject to a late fee.

IMPORTANT! If you choose to shelve your license, you are not eligible to work in Putnam County. If you are found working without a license, you may be subject to a fine.

If you have any questions, please do not hesitate to call the office on the above number Monday through Friday from 8:00 a.m. to 4:00 p.m.

**PUTNAM COUNTY**

Office of Consumer Affairs
110 Old Route 6 Bldg. 3
Carmel, NY 10512
Phone: (845) 808-1617 Ext. 46026
plumbers@putnamcountyny.gov
www.putnamcountyny.com/consumer-affairs/

FOR OFFICE USE ONLY

License No. _____ Acct # _____
Fee Amount: _____ Ag/Op# _____
Check #: _____ M.O. #: _____
CC Approval #: _____
Year: **2026**
Notes: _____

PLUMBING AND MECHANICAL TRADES SHELVEING AFFIRMATION

This Affirmation must be signed by any registered plumber/mechanical tradesperson seeking to voluntarily inactivate his or her license under sections 190-19 and 190-19-a of Putnam County Plumbing and Mechanical Trade Law.

I, the undersigned, fully acknowledge and understand by my signature affixed below, that in addition to my written request and explanation to inactivate or shelve my license in accordance with section 190-19 and 190-19(a) of the Putnam County Plumbing and Mechanical Trades Law, I am prohibited from doing any work in Putnam County that was authorized by my prior active plumbing license. **I am fully aware that if I am found doing such work during the period that my license is voluntarily shelved, I will be violating the law and shall be subject to the fines and penalties of an unlicensed person, because I will not have a valid license to do such work.**

Further, if and when the Putnam County Legislature requires continuing education classes for licensed Plumbers/Mechanical Tradespersons within Putnam County, I fully acknowledge that I am obligated to complete all required hours of continuing education during the time that my license is shelved. I also acknowledge that if I do not complete the required continuing education hours during the time my license is shelved, I will not be able to reactivate my license.

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

Name (print clearly) _____ Company _____

Home Address: _____ Company Address: _____

Home Phone: _____ Company Phone: _____

Cell Phone: _____ License No.: _____

Email (required): _____

****If shelving for more than 1 license, a separate request and fee must be submitted for each trade. Late fee applies after 12/31/25.**

Signature of Applicant: _____ Date: _____