



PUTNAM COUNTY PLUMBING/MECHANICAL TRADES BOARD
Weights & Measures/ Trades Licensing & Registration
110 Old Route 6, Building #3, Carmel, New York 10512

NEW JOURNEYMAN
PLUMBING/MECHANICAL TRADES APPLICATION INSTRUCTIONS

Registrations are for the two (2) year term beginning July 1, 2026, expiring June 30, 2028.

**Use this checklist to complete the enclosed application and return it with the required documents.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- ☐ **Completed and signed Application (attached)**
- ☐ **Proof of Required Experience** - Provide documentation based on trade:
 - Plumbing, HVAC, Sheet Metal, Refrigeration, Heating:
 - 5 years of W-2s
 - Union card may be used instead of W-2s (must show 5 years with the union)
 - HVAC/Refrigeration applicants must also provide an EPA Type II or Type III certification card
 - LP Gas, NORA, Fire Sprinkler Installer:
 - 2 years of W-2s
 - LP Gas: Must include CETP Certificate
 - Fire Sprinkler Installer must include NICET II
- ☐ **Proof of Employment Form (attached)** - Must be filled out by employer. Must show you are employed by a Putnam County Master Plumber/Mechanical Tradesman
- ☐ **Child Support Obligations Form (attached)** - Must be completed and signed
- ☐ **Photo**
 - JPEG full-face headshot (passport-style)
 - Email to: plumbers@putnamcountyny.gov
 - Include applicant's full name in the email subject line
- ☐ **Driver's License** - If the address on your driver's license is different from the home address on your application, you must ALSO submit proof of residency (utility bill, credit card statement, etc.).
- ☐ **Filing Fee**
 - A **\$100.00** filing fee is required, payable by check or money order to **Commissioner of Finance**. Credit cards are accepted in person only.
 - **Fees are not prorated**, regardless of when the application is submitted.
- ☐ Mail completed application, required documents, and payment to:
Office of Consumer Affairs-Plumbing/Mechanical Board
110 Old Route 6, Building #3
Carmel, NY 10512

① **Questions? Please call the number above or email our office at plumbers@putnamcountyny.gov**



COUNTY OF PUTNAM
Department of Consumer Affairs
110 Old Route 6 Bldg. 3
Carmel, NY 10512
Phone: (845) 808-1617 Ext. 46026
plumbers@putnamcountyny.gov

FOR OFFICE USE ONLY

License No. _____ Acct # _____
Fee Amount: _____ ☐ Check #: _____
☐ Credit/debit card: _____
Child Support: ☐ | Driver's License: ☐ | Photo ☐
Agent/Operator # _____ Batch # _____
Notes: _____

NEW JOURNEYMAN APPLICATION

Answers to ALL questions must be printed or typed, accurate and complete in order to be submitted for approval.

Type of Plumbing/Mechanical trade

Please check ☒ the trade in which you are seeking registration. If more than one trade, use separate application.

- ☐ Plumbing ☐ Sheet Metal ☐ LP Gas Installer ☐ Heating ☐ HVAC
☐ N.O.R. A ☐ Water Treatment ☐ Fire Sprinkler ☐ Refrigeration

Applicant Information

Name: _____ Date of Birth: ____ / ____ / ____
Home Address: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____

***E-mail (required):** _____

**If you fail to provide an email you will NOT receive notifications regarding your registration.*

Have there been any criminal convictions against you? ☐ YES ☐ NO

If so, please give details and must include a certified copy of disposition:

DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:
_____	_____	_____	_____

Present Employment Information

Name of Present Master: _____ Master's License No.: _____
Type of Business: _____ Business Phone: _____
Business Address: _____ E-mail: _____
_____ Starting Date of Employment: _____
Company Name _____

List below current license(s) issued to you from other municipalities

Name of municipality: _____	Phone: _____ Ext: _____
Address: _____	Date issued: _____
_____	Exp. Date: _____
_____	License No.: _____

List any additional licenses from other municipalities on a separate sheet of paper and attach it to this application.

Statement of Education

1. Are you a high school graduate? ☐ YES ☐ NO
If not, what is the highest grade that you have competed? _____ Grade
2. Have you attended a trade-related vocational school? ☐ YES ☐ NO
If so, give dates: from _____ to _____
Hours of instruction: _____ hours _____ years
Did you graduate? ☐ YES ☐ NO
3. Are you a college graduate? ☐ YES ☐ NO
If so, describe degree received: _____
If not, list the amount of credits earned: _____

List below any technical or educational classes, courses, etc. pertaining to trade

	COURSE NAME:	ADDRESS:	DATES:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Affirmation

In consideration of being granted approval to conduct the business of plumbing or similar mechanical trade as a journeyman it is agreed that the applicant will only work under a **MASTERS LICENSE** and that he or she will comply with the rules and regulations of the Putnam County Department of Consumer Affairs

PENALTY FOR FALSIFICATION: Any person making any false statements as to qualifications and experience, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided by New York State laws.

Applicant's Signature: _____ Date: _____



COUNTY OF PUTNAM

Department of Consumer Affairs

110 Old Route 6 Bldg. 3

Carmel, NY 10512

Phone: (845) 808-1617 Ext. 46026

plumbers@putnamcountyny.gov

FOR OFFICE USE ONLY

License No. _____

C of L: _____ W/C: _____

Bond Exp. _____ End Date: _____

Notes: _____

PROOF OF EMPLOYMENT FORM FOR JOURNEYMAN LICENSE

(To be filled out by a Putnam County Licensed Master only – please print clearly)

Date: _____

Name of Putnam County Licensed Master Plumber/Reciprocal:

Putnam County Master/Reciprocal License No.: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ is a

Employee Name

☐ Full time employee

☐ Part time employee

} check the appropriate box

of the above named company.

By signing this letter, I attest under penalty of law, including the possible suspension or revocation of my license, that, to my knowledge, all the statements contained herein are true and accurate, and that if requested by the Putnam County Plumbing/Mechanical Trades Board I will be able to provide the necessary payroll records to prove the dates of employment.

Licensed Master Plumber's Signature

NOTE: Only a Putnam County Master Licensed Plumber/Mechanical Tradesman may complete this form.

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

WE ARE YOUR DOL



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: _____
