



**PUTNAM COUNTY**  
**PLUMBING/MECHANICAL TRADES BOARD**  
110 OLD ROUTE SIX, BUILDING #3, CARMEL, NY 10512

**PLUMBING/MECHANICAL TRADES MASTER LICENSE**  
**APPLICATION INSTRUCTIONS**  
**FINAL STEP**

Congratulations on passing your exam or a reciprocal license approval! You are *now eligible* to apply for the Putnam County Master Plumbing or Mechanical Trades License. You must possess a current license to legally work in Putnam County. Also, all vehicles used in your business must have a current decal affixed to be legal. It is the responsibility of the Master Tradesman to make sure all Journeymen, who are working in Putnam County, are registered. Failure to register Journeymen is a violation and may result in a fine.

Please use this checklist to complete the enclosed application and return it with the documents listed below. **Any application submitted without all of the requested information and documentation will be returned and considered invalid.**

**Checklist:**

**CERTIFICATE OF LIABILITY INSURANCE for \$1,000,000**

*Requirements:*

- Putnam County **MUST** be listed as Certificate Holder **AND MUST** be listed as Additionally Insured
- Scope of work **MUST** be included in the description
- Must be on an ACORD form
- Exact company name plus any dba information must be listed

**CERTIFICATE FOR WORKERS' COMPENSATION (C105.2 or U26.3) or WAIVER (CE-200)**

*Requirements:*

- Putnam County **MUST** be listed as Certificate Holder  
Note: Policy numbers on the ACORD form are **NOT** acceptable proof
- If you have no employees, you **MUST** fill out a Worker's Compensation Waiver online (Form CE-200) at <https://www.wcb.ny.gov/> and submit a signed, original copy

**ORIGINAL CONTINUATION CERTIFICATE or NEW ORIGINAL LICENSE & PERMIT BOND IN THE AMOUNT OF \$25,000.00**

*Requirements:*

- The bond **MUST** be for a minimum of a **1-year** period with an expiration date that **MUST** correspond with the term of the license
- MUST** be notarized **AND** signed by the Principal of the company

**CHILD SUPPORT FORM** (New York State mandate whether you have child support issues or not is attached)

**VALID DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION**

Copies of **CURRENT LICENSES** if held in other municipalities or if you are applying for a reciprocal waiver

Copies of all **VEHICLE REGISTRATION** cards for the vehicles used in the course of your business

**NOTE: Decal for one (1) vehicle is included in the \$500.00 fee; each additional decal is a \$6.00 fee**

**SUBMISSION OF A JPEG HEAD SHOT IMAGE** to be included with your application. JPEG file should be e-mailed to ELLEN.SORRENTO@PUTNAMCOUNTYNY.GOV

**LICENSE FEE - \$500.00** in the form of check or money order made payable to the **Commissioner of Finance** – *this payment is for a one-year license.*

**COPY OF PASSING TEST CERTIFICATE FROM BREWSTER TECHNOLOGY** (if applicable)



**COUNTY OF PUTNAM**  
 Office of Consumer Affairs  
 110 Old Route 6 Bldg. 3  
 Carmel, NY 10512  
 Phone: (845) 808-1617 Ext. 46026  
 Fax: (845) 808-1928  
[plumbers@putnamcountyny.gov](mailto:plumbers@putnamcountyny.gov)

FOR OFFICE USE ONLY	
License No. _____	Acct# _____
Fee Amount: _____	Check #: _____
Credit/debit card: _____	
M.O. #: _____	# of Decals _____
Child Support: _____ Driver's License _____	
C of L: _____	W/C: _____
Bond Exp. _____	Lic. # _____
Bus Acct # _____	Agent # _____

**PLUMBING/MECHANICAL TRADES FINAL STEP MASTER LICENSE APPLICATION**  
**TYPE OR PRINT CLEARLY- INCOMPLETE OR UNREADABLE APPLICATIONS WILL BE RETURNED**

- (1) Please check  the trade in which you are seeking licensing.
- |  |  |   |  |                               |
|--|--|---|--|-------------------------------|
| <input type="checkbox"/> Plumbing                  | <input type="checkbox"/> Sheet Metal               | <input type="checkbox"/> LP Gas Installer | <input type="checkbox"/> Heating             | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Oil burner/N.O.R.A.       | <input type="checkbox"/> Water Treatment           | <input type="checkbox"/> Pump Installer   | <input type="checkbox"/> Water Well Drilling |                               |
| <input type="checkbox"/> Fire Sprinklers Installer | <input type="checkbox"/> Fire Sprinklers Inspector | <input type="checkbox"/> Refrigeration    | <input type="checkbox"/> Geothermal Drilling |                               |

(2) Name: \_\_\_\_\_ (3) Date of Birth: \_\_\_\_\_

(4) Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(5) Home Phone: \_\_\_\_\_ (6) Cell Phone: \_\_\_\_\_

(7) Business Name: \_\_\_\_\_

(8) Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(9) Company Phone: \_\_\_\_\_ (10) Email (required): \_\_\_\_\_

(11) **Have you ever been convicted of any crime, felony, misdemeanor, or violation? Check one:**  YES  NO  
**If Yes, please explain and enclose a certified copy of the disposition (DISPOSITION MUST ACCOMPANY APPLICATION):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(12) Please list all municipalities/facilities where you are presently licensed as a Master/Reciprocal Tradesman:

\_\_\_\_\_

(13) **Have you ever had a professional or vocational license suspended, refused, or revoked? Check one:**  YES  NO  
**If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**In consideration** of being granted certification for conducting the business or trade of plumbing or similar mechanical trade it is agreed that the applicant will comply with the rules and regulations of the Putnam County Department of Consumer Affairs.  
**PENALTY FOR FALSIFICATION: Any persons 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 Signature

\_\_\_\_\_  
 Date

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



[www.labor.ny.gov](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto:license&certificate@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: \_\_\_\_\_