

County of Putnam, New York  
APPLICATION FOR 2009

LIMITED DATA COMMUNICATIONS TECHNICIAN LICENSE

(1) Name: \_\_\_\_\_

(2) Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ (3) Home Phone: ( ) \_\_\_\_\_ (4) Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(5) Business Name: \_\_\_\_\_ (6) Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (7) Company Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

(8) Where should we mail correspondence that relates to your Electrical License? Please circle one: HOME COMPANY  
Mailing Address (if different from above): \_\_\_\_\_

(9) Have you ever been convicted of any crime, felony, misdemeanor, or violation? Circle one: YES NO  
If yes, explain: \_\_\_\_\_

(10) Please list all municipalities/facilities where you are presently licensed: \_\_\_\_\_

(11) Experience and Education: If applying for the first time, please list on page 2 of this form.

**NOTE: IN ORDER TO QUALIFY FOR THE EXAMINATION, ALL APPLICANTS MUST COMPLY WITH SECTION 145-9 OF THE ELECTRICAL LICENSE LAW, PROOF OF EMPLOYMENT (EXAMPLES INCLUDE BUT ARE NOT LIMITED TO: W-2 TAX FORMS, NOTARIZED STATEMENTS OF HOURS WORKED FROM EMPLOYERS OR FROM BENEFIT FUNDS, NOTARIZED EXAMPLES OF JOBS PERFORMED ON COMPANY LETTERHEAD, INSPECTION CERTIFICATES, ETC.) MUST BE ATTACHED TO THIS APPLICATION FORM.**

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

**PLEASE MAIL THIS APPLICATION TO THE PUTNAM COUNTY ELECTRICAL BOARD, ALONG WITH THE APPLICATION FEE, MADE PAYABLE TO "PUTNAM COUNTY COMMISSIONER OF FINANCE." YOU MUST ALSO PROVIDE A PHOTOCOPY OF A PHOTO ID ISSUED BY A GOVERNMENTAL AGENCY, (SUCH AS A DRIVER'S LICENSE OR PASSPORT).**

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 15 DAYS OF ANY CHANGE(S) IN THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION. PRIOR TO LICENSE BEING ISSUED, ALL INSURANCE REQUIRMENTS MUST BE MET.**

**PLEASE NOTE NEW PROCEDURE: ONCE YOUR APPLICATION IS APPROVED, WE WILL SCHEDULE AN APPOINTMENT FOR YOUR PHOTO TO BE TAKEN AT OUR OFFICE.**

OFFICE USE ONLY:			
LIC. # _____	DATE ISS. ____ / ____ / ____	FEE PAID _____	
DECAL # _____	REMARKS: _____		

