

County of Putnam, New York
APPLICATION FOR 2009
ELECTRICAL CONTRACTOR'S LICENSE

(1) Type of license required check one:

MASTER RENEWAL License # _____

RECIPROCAL

MASTER ORIGINAL

SPECIAL

(2) Name: _____

(3) Home Street Address: _____ City: _____

State: _____ Zip: _____ (4) Home Phone: () _____ (5) Date of Birth ____ / ____ / ____

(6) Business Name: _____ (7) Company Street Address: _____

City: _____ State: _____ Zip: _____ (8) Company Phone: () _____

Cell Phone: () _____

(9) Where should we mail correspondence that relates to your Electrical License? Please circle one: HOME COMPANY

Mailing Address (if different from above): _____

(10) Have you ever been convicted of any crime, felony, misdemeanor, or violation? Circle one: YES NO

If yes, explain: _____

(11) Please list all municipalities/facilities where you are presently licensed as a Master/Special Electrician: _____

(12) Experience and Education: Please list on page 2 of this form. If requesting Master Renewal, Reciprocal, or One-Job-Only license skip to question (13).

NOTE: IN ORDER TO QUALIFY FOR THE EXAMINATION, ALL APPLICANTS MUST COMPLY WITH SECTION 145-8,4 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.

(13) If Reciprocal One-Job-Only, list type of job and location: _____

(14) 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: _____

