

Joseph A. LaBarbera
Director

Jeffrey Andrews
Inspector
Weights & Measures



PUTNAM COUNTY CONSUMER AFFAIRS
Weights & Measures
Trades Licensing & Registration

Sherrie Gilmore, Secretary
Electrical Board
845-225-6361

Bernadette Carroll, Secretary
Consumer Affairs
845-225-2039

Barbara Schech, Secretary
Plumbing/Mechanical Board
845-225-1958

IMPORTANT NOTICE

Attention Home Improvement Contractors:

The Putnam County Consumer Affairs Department has updated its registration process. Contractors can now e-mail us a photo which will be kept in a database for future use. Preferably, your picture should be a shot from shoulders to head with a blue background. Please name your photo in the following manner; company name (space) last name (space) first name, do not use periods or commas. Save your photo in a .jpg format.

If you are unable to e-mail us a picture you may come into our office located at 110 Old Route 6, Building #3, Carmel, NY, Monday through Friday, between the hours of 8:30 a.m. to 12:00 p.m. or 2:00 p.m. to 3:30 p.m. to have your picture taken.

At the time of renewal or if you are a new applicant, please make sure that your photo is e-mailed to Contractors@putnamcountyny.gov . Please include your Contractor Registration number in the e-mail. Also, indicate on your application that your picture was sent via e-mail.

Thank you for your attention to this matter.

/bc

Picture Notification

Donald B. Smith County Government Campus
110 Old Route Six ✘ Building No. Three ✘ Carmel, New York 10512

PUTNAM COUNTY
HOME IMPROVEMENT CONTRACTOR REGISTRATION

GENERAL INSTRUCTIONS

Any application submitted without all the requested information and documentation will be returned and considered invalid

- ❖ **Application** must be completed (clearly printed or typed) and submitted with **all** the following documentation:
- ❖ **Individual**: (using assumed name) provide a copy of a **Certified Business Certificate**
- ❖ **Partnership**: provide copy of **Certified Partnership Certificate**
- ❖ **Corporation**: provide a copy of **Corporate Filing Receipt**
- ❖ **LLC**: provide a copy of **LLC Filing Receipt**
- ❖ **Certificate of Liability Insurance**: The Putnam County Department of Consumer Affairs must be the **certificate holder**. **The Department of Consumer Affairs must also be listed as “Additional Insured” and certificate must indicate a description of operations.**
- ❖ **Certificate of Worker’s Compensation and Disability Insurance**: (C105.2 and DB120.1 Form) Putnam County Consumer Affairs as the Certificate Holder.
- ❖ **Worker’s Compensation Waiver**: **If** no workers’ compensation insurance is required, you must fill out a **Workers’ Compensation waiver on-line** at www.wcb.state.ny.us .
- ❖ **Original License & Permit Bond** : **\$25,000**
 - Bond must be for a **two year period** with an expiration date that corresponds within 30 days of the registration expiration date.
 - *Putnam County Department of Consumer Affairs* must be listed as the obligee.
 - A sample of the bond wording is enclosed for your insurance agents review.
 - The bond must be signed by the principal.

OVER

- ❖ In accordance with General Obligation Law, **all** applicants **must** complete and notarize the **Child Support Form** with the exception of a corporation.
- ❖ **All** applicants **must** complete and notarize the attached affidavit of compliance with **E-Verify**. (www.USCIS.gov/e-verify)
- ❖ A copy of a valid **driver's license** or government issued photo ID of the employee authorized to negotiate and finalize all contractual agreement with the homeowner.
- ❖ **E-Mail a photo** of the owner, partner or highest-ranking corporate officer to contractors@putnamcountynv.gov. Name your photo in the following manner; **company name, last name, first name**. (.jpg format)
- ❖ Current copies of all **vehicle registrations** that are used in the performance of your occupation as a home improvement contractor. The decal for one vehicle is included in the fee; **each additional decal is \$5.00.**
- ❖ Provide copies of **current licenses** held in other jurisdictions.
- ❖ The registration **fee** is \$250.00 for 2 years. Please submit a business check, personal check, certified check **or** money order in the amount of **\$250.00** made payable to ***PUTNAM COUNTY COMMISSIONER OF FINANCE***
- ❖ In the case of a **late renewal or reinstatement**, a fee of \$25.00 must be included.

Authorization to conduct a home improvement business is not granted until the application has been approved and your PC number, Certificate and Photo ID Card are issued.

Putnam County Department of Consumer Affairs
110 Old Route 6 – Building 3
Carmel, NY 10512

(845) 225-2039
FAX (845) 225-3403

COUNTY OF PUTNAM
DEPARTMENT OF CONSUMER AFFAIRS
 110 Old Route 6 – Bldg. 3
 Carmel, NY 10512
 (845) 225-2039

OFFICE USE ONLY

Registration No. _____
 Cert. No. _____
 Date: _____
 Fee: _____
 Decals _____
DATES OF REGISTRATION
 Start _____ End _____

APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR

ANSWERS TO ALL QUESTIONS MUST BE PRINTED OR TYPED, ACCURATE AND COMPLETE

ORIGINAL RENEWAL REINSTATEMENT CHANGE

Individual Partnership Joint Venture Corporation LLC

Trade or Assumed Name

Individual/Applicant Information

Name _____
 Address _____

 Mail _____
 Phone _____
 Cell _____

Business Information

Address _____

 Mail _____
 Fax _____
 Phone _____

List below the type(s) of work application applies to: Custom Home Construction Only ___ Yes ___ No

If a Corporation, Partnership or LLC fill in information below and submit copy of (a) Corporate filing receipt or Certificate of Incorporation filed with NYS Department of State, (b) LLC Filing Receipt or (c) Partnership Certificate

If an individual using an assumed name, please provide an accurate certified copy of Business Certificate

NAME	ADDRESS	PHONE
Partner or President _____	_____	_____
Partner or Vice-President _____	_____	_____
Corporate Secretary _____	_____	_____
Corporate Treasurer _____	_____	_____

List all employees of applicant who deal with the public and have authority to estimate, negotiate and finalize all contractual agreements: USE ADDITIONAL SHEET IF NECESSARY

NAME	ADDRESS	DUTIES
_____	_____	_____
_____	_____	_____

You are required to carry liability, auto insurance and worker's compensation insurance (if applicable) in the amounts indicated on instruction sheet **MUST PROVIDE CORRECT INSURANCE CERTIFICATES FOR ALL COVERAGE**

Liability policy No. _____ Company _____ Exp. _____
 Worker's Compensation _____ Company _____ Exp. _____

Tax Identification Information MUST PROVIDE COPIES OF CERTIFICATES ISSUED BY APPROPRIATE REGULATORY AGENCY

Federal Employer's ID No. _____ NYS Employer's ID No. _____
 NYS Tax ID No. _____ NYS Sales Tax Authorization No. _____

REVERSE SIDE MUST BE COMPLETED

List the amount of time you have been in business at the address on front of application _____ Years _____ New
 List below any prior addresses you may have used for your current business and also list prior names, addresses and prior license number for any home improvement business you may have owned individually, been a partner in or a corporate officer within the past 10 years:

MUST PROVIDE COPIES OF LICENSES HELD IN ANY OTHER JURISDICTION

NAME	ADDRESS	TITLE	LICENSE NO.

Please list the firms under which you have apprenticed with within the past 10 years. If self-employed, please indicate I have _____ years experience in the home improvement business field, or in related activities, which similarly tend to establish my competence to operate a home improvement business in Putnam County.

FIRM NAME	ADDRESS	POSITION HELD	DATES

Technical or Educational classes, course, etc. pertaining to trade

SCHOOL NAME	ADDRESS	COURSE/DEGREE	DATES

List all unsatisfied judgments against any individual, partner, corporate officer of the business requesting registration
 If none, please indicate: _____ USE ADDITIONAL SHEET IF NECESSARY

DATE	COURT	JUDGMENT CREDITOR	DISPOSITION

List all criminal convictions against any individual, partner, corporate officer of the business requesting registration
 If none, please indicate: _____ USE ADDITIONAL SHEET IF NECESSARY

DATE	COURT	CHARGES	DISPOSITION

Indicate if individual, partner or corporate officer has ever had a professional or vocational license suspended or revoked Yes No. If yes, please give details:

In consideration of being granted a registration to conduct a home improvement business in Putnam County, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Department of Consumer Affairs.
 I certify that the information on this application is true and accurate and understand that any incomplete, inaccurate or false information may cause the registration to be delayed, denied, suspended or revoked.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine and/or imprisonment.
Application must be signed by the highest ranking official of the business/company requesting registration.

SIGNATURE OF APPLICANT _____ DATE: _____

PRINT NAME: _____

NOTARY STAMP

Sworn to before me this _____ day of _____, 20____

LICENSE AND PERMIT BOND

BOND NO:

KNOW ALL MEN BY THESE PRESENTS:

That we, (John Doe, - dba, Inc., LLC, etc.) of the (town-city-etc) of (town-city name), State of _____, as Principal, and (Bond company) a Corporation duly licensed to do business in the State of _____, as Surety, are held and firmly bound unto the (Putnam County Dept. of Consumer Affairs) State of New York, Obligee, in the amount of Twenty-Five Thousand and no/100 (\$25,000.00) DOLLARS, (Valid only when a County, City, Town or Village is named as Obligee) (NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed (as a home improvement contractor)

by the Obligee. NOW THEREFORE, If THE Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the _____ day of _____, 20____, and ending on the _____ day of _____, 20____, unless renewed by continuation certificate. **MUST RUN FOR ENTIRE TWO YEAR TERM OF REGISTRATION**

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal, in care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any subsequent acts or omissions of the Principal.

Dated this _____ day of _____, 19____

John Doe (Signature)
Principal

Countersigned

By _____ Agent's Signature
Resident Agent

BY _____ President