John Morrison
Chairman

Carmine Ricci
Vice Chairman

Office of Consumer Affairs
www.putnamcountyny.com/consumer-affairs/

Arthur Bolduc
Juliann Butler
Robert Counihan
Ronald Massaro
Robert McCarthy
Andrew Pidala
Randy Taggart

Athena Arvan, Secretary
(845) 808-1617, x 46025

PUTNAM COUNTY CONSUMER AFFAIRS
Weights & Measures
Trades Licensing & Registration – Board of Electrical Examiners

October 2016

Dear Putnam County Master Electrician or Low Voltage/Limited Data Technician:

Enclosed find an application and requirements for the renewal of your Putnam County License for 2017. **Your current license expires on December 31, 2016.** You must possess a 2017 license to legally work in Putnam County after January 1, 2017. In addition, we have enclosed a Shelving Affidavit, also due by December 31, 2016.
All late filings are subject to late fees.

Please return your completed 2017 application, along with all insurance requirements and license fee of $500 ($150 for Low Voltage/Limited Data Technician) in the form of a check or money order made payable to the COMMISSIONER OF FINANCE (cash is not accepted). It is your responsibility to submit current copies of your general liability, workers' compensation insurance and the license & permit bond or bond continuation certificate. If you are submitting a new bond, make sure it has been signed by a principal of the company. Also, please note that as the license holder, it is your responsibility to make sure your employees are registered as journeymen/helpers and are current with their registrations.

*If you are applying for a Reciprocal License, please be sure to enclose a **certified** copy of your 2017 Westchester License.*

NEW THIS YEAR: The application is available online so you can easily type in your information. You will still be required to print and mail it to this office for processing. This form can be found at http://www.putnamcountyny.com/consumer-affairs/downloads/ under Electrical Examiners.

One vehicle decal is issued with each license. Additional decals can be purchased for $6 each. Every company vehicle must display a decal. Failure to comply may result in a fine and prosecution. ***This will be strictly enforced!***

You are encouraged to file your renewal application early so that you will be assured of receiving your 2017 license on time. Applications will be processed in the order in which they are received. Incomplete applications will be returned unprocessed. Please allow 21 business days for the processing of your application and the issuance of the 2017 license.

If you have any questions regarding the 2017 application process, please contact the Electrical Board office at 845-808-1617, x 46025, Monday through Friday, 8am – 4pm.

John Morrison
Chairman

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ELECTRICAL MASTER AND LOW VOLTAGE/LIMITED DATA TECHNICIAN 2017 RENEWAL APPLICATION

Attached are instructions for the renewal of your Master Electrician or Low Voltage/Limited Data Technician License. **All current licenses expire December 31st 2016**. You must have a current license to legally work in Putnam County.

All applications must be complete, signed and notarized.

- ❑ Include a **CERTIFICATE OF LIABILITY INSURANCE** for $1,000,000 (for the licensing year)
  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
- ❑ Include **WORKERS' COMPENSATION FORM (C105.2 or U26.3 or Exemption Form (CE-200)** (for the licensing year)
  Requirements:
  - ☐ Putnam County MUST be listed as the certificate holder – Note: Policy numbers on the ACORD form are not acceptable proof
  - ☐ If you have employees, you must fill out a Workers' Compensation certificate (C105.2 or U-26.3)
  - ☐ If you do NOT have employees, you must fill out a Workers' Compensation Waiver form (CE-200). Go to www.wcb.ny.gov , print and sign, and submit original copy with this application.
- ❑ Include **ORIGINAL LICENSE & PERMIT BOND *OR* A CONTINUATION CERTIFICATE IN THE AMOUNT OF $25,000.00**
  Requirements:
  - ☐ Bond MUST be for **1-year** period and MUST run concurrently with the license
  - ☐ Putnam County MUST be the obligee
  - ☐ Original bond MUST be signed by the principal
- ❑ Complete the attached **CHILD SUPPORT FORM** pursuant to NYS General Obligations Law, Section 3-503
- ❑ Complete and notarize the attached **AFFIDAVIT OF COMPLIANCE** - **E-Verify Form**
- ❑ Copy of **VEHICLE REGISTRATION** cards for vehicles used in the course of your business
- ❑ **IF YOU ARE A WESTCHESTER COUNTY ELECTRICIAN**, include a certified copy of a 2017 WESTCHESTER COUNTY ELECTRICAL LICENSE in order to obtain a 2017 reciprocal license.
- ❑ **FEES:** Include check or money order made payable to: ***Commissioner of Finance***
  Master Electrician: $500 – annual fee
  Low Voltage/Limited Data Technician: $150 – annual fee
  Certified copy: $10
  Additional decals: $6 (One decal is issued with license renewal)
- ❑ **PHOTO** – If your photo on file is older than 4 years old, please email a digital photo in JPEG format to: athena.arvan@putnamcountyny.gov.

Incomplete applications will be returned. Applications received after January 31, 2017 are subject to a late fee. To avoid late fees, all licenses must be renewed or shelved by January 31, 2017.

A current copy of the Putnam County Electricians Law can be found online at:
http://www.putnamcountyny.com/consumer-affairs/electrical-board/

COUNTY OF PUTNAM
Office of Consumer Affairs/Electrical Board
110 Old Route 6 Bldg. 3
Carmel, NY 10512
(845) 808-1617
http://www.putnamcountyny.com/consumer-affairs/

FOR OFFICE USE ONLY
License No. _____
Fee Amount: _____ No. of Decals: _____
☐ Co. Check #: _____ ☐ Pers. Check#: _____
☐ Credit/debit card: _____
☐ M.O. #: _____
Receipt No. _____Processed:_____
C of L: _____ W/C: _____
Child Support: ☐ Y ☐ N E-Verify: ☐ Y ☐ N
Bond Exp. _____ Pic. on file: ☐ Y ☐ N

ELECTRICAL MASTER & LOW VOLTAGE/LMTD DATA TECHNICIAN-2017 RENEWAL

Type of license Check ☑ one:
☐ Master License # _____ ☐ Reciprocal License # _____ ☐ Special # _____ ☐ Low Voltage #_____

Name: _____

Address: _____City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____Date of Birth _____ / _____ / _____

Email: _____

Business Name: _____

Company Address: _____City: _____State: _____ Zip: _____

Company Phone: _____ Fax: _____

Email: _____

Where should we mail correspondence that relates to your Electrical License? **Check one**: ____ HOME ____ COMPANY

Mailing Address (**if different from above**): _____

Have you ever been convicted of any crime, felony, misdemeanor or violation? **Check one**: ____YES ____ NO

If yes, give details: Date _____Town Court _____Charges _____

Disposition Date_____ CERTIFICATE OF DISPOSITION REQUIRED

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

Have you ever had a professional or vocational license suspended, refused, or revoked? **Check one**: ____YES _____ NO
If yes, explain: _____

AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss:

_____ being duly sworn deposes and says that s/he is the applicant above named and that the statements contained herein are true to the best of his/her knowledge and belief.

_____ Applicant Signature

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument._____Notary Signature
Notary Stamp:

John Morrison
Chairman

Carmine Ricci
Vice Chairman

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MASTER ELECTRICIAN and LOW VOLTAGE/LIMITED DATA TECHNICIAN SHELVING INSTRUCTIONS

Attached is the **(Optional)** shelving affidavit. This affidavit applies to anyone wishing to shelve their license in 2017.

The signed affidavit must be returned to this office before January 1, 2017. If the affidavit is not received in this office by the required date, you will be considered late and could be subject to additional fees.

The fee for shelving your license is $50.00 per year. Check or Money Order should be made out to the COMMISSIONER OF FINANCE. Cash is not accepted.

IMPORTANT
If you choose to shelve your license, you are not eligible able to work in Putnam County. If you are found working without a license, you may be subject to a fine.

If you have any questions, please do not hesitate to call the office at the above number Monday through Friday from 8:00 a.m. to 4:00 p.m.

FOR OFFICE USE ONLY

License No. _____

Fee Amount: _____

☐ Co. Check #: _____ ☐ Pers. Check #: _____

Credit/debit card: _____

☐ M.O. #: _____

Receipt No. _____

Shelving Year: _____

Processed: _____

Notes:

_____

PUTNAM COUNTY MASTER ELECTRICIAN OR LOW VOLTAGE/LIMITED DATA TECHNICIAN SHELVING AFFIDAVIT

This affidavit must be signed by any licensed MASTER ELECTRICIAN or LOW VOLTAGE/LIMITED DATA TECHNICIAN seeking to voluntarily inactivate his or her license under section 145-19 of Putnam County Electrical Trade Law.

I, the undersigned, fully acknowledge and understand by my signature affixed below that in addition to my written request and explanation to inactivate or shelve my license in accordance with section 145-19 of the Putnam County Electrical Trade Law, I am prohibited from doing any work in Putnam County that was authorized by my prior active MASTER ELECTRICIAN or LOW VOLTAGE/LIMITED DATA TECHNICIAN License. I am fully aware that if I am found doing such work during the period of time that my license is voluntarily shelved, I will be violating the law and shall be subject to the fines and penalties of an unlicensed person, because I will not have a valid license to do such work.

Further, if and when continuing education classes are required, I fully acknowledge that I am obligated to complete all required hours of continuing education during the time that my license is shelved or inactive. I also acknowledge that if I do not complete the required continuing education hours during the time my license is shelved, I will not be able to reactivate my license.

You can reactivate your license at any time by completing a renewal application, providing the necessary support documents and paying the annual fee.

_____ _____

Name (print) Name (sign)

_____ Home Phone _____

Address

_____ Cell Phone _____

Address

Date of birth _____ License # _____

Email _____

Company Name _____

Date shelving application _____

New York State Department of Labor

Appendix to a License 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 or license renewal.

Applicant	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

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: _____

EXHIBIT "A-1"

AFFIDAVIT OF COMPLIANCE
WITH THE REQUIREMENTS OF
CHAPTER 145-9(K)(1)
OF THE PUTNAM COUNTY CODE

STATE OF NEW YORK)
:ss:
COUNTY OF PUTNAM)

I, _____, being duly sworn upon his/her oath deposes and says: (*print name of deponent*)

1. I am the owner/authorized representative of_____
(*circle one*) (*name of corp, business*)

Check one of the following:

- ❑ 2(a) I certify that I will (a) use the E-Verify Internet based system, operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA), to verify the employment eligibility of their newly hired employees, and (b) maintain records documenting the use of E-Verify during the term of our registration certificate.

- ❑ 2(b) I certify thatthe corporation, business or company named above has no employees and I reasonably anticipate that no employees will be hired during the term of the registration certificate applied for herewith pursuant to Chapter 135 of the Putnam County Code.

_____
(*signature of deponent)*

Subscribed and sworn to before me
this_____day of_____, 20_____

_____
Notary Public

www.uscis.gov/e-verify