

**William Rossiter**  
Chairman

**Andrew Pidala**  
Vice-Chairman

**Michael Budzinski, PE**  
Director – Office of Consumer Affairs  
[www.putnamcountyny.com/consumer-affairs/](http://www.putnamcountyny.com/consumer-affairs/)  
(845) 808-1617



**Arthur Bolduc**  
**Robert Counihan**  
**Charles Gorges**  
**Ronald Massaro**  
**John Morrison**  
**Carmine Ricci**  
**Randy Taggart**

**Athena Arvan**  
Confidential Secretary  
845-808-1617, ext. 46025

## Board of Electrical Examiners

### NEW HELPER REGISTRATION

The Helper registration packet consists of the following:

- Application Form – To be filled out by Helper
- Child Support Obligations Form – To be filled out by Helper

Please include:

- A copy of Helper's valid photo driver's license from the state in which he/she resides or proof of current home street address via cable/utility bill, if different from address on driver's license.
- Check or money order (no cash accepted) in the amount of \$40.00 made payable to Commissioner of Finance; credit card payments accepted in office only.

Please email:

- Digital JPEG full-face view headshot photo (no hat/cap/sun glasses) – emailed with name in subject line to [athena.arvan@putnamcountyny.gov](mailto:athena.arvan@putnamcountyny.gov)

Helper registrations are for two years and expire on September 30<sup>th</sup> of every odd-numbered year.

If you have any questions, please contact the Office of Consumer Affairs/Electrical Board by email at [athena.arvan@putnamcountyny.gov](mailto:athena.arvan@putnamcountyny.gov) .

Please put Helper Renewal Question in the subject line of the email.

**INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.**



**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	
Helper Reg. Number:	_____
Munis Acct. No:	_____
Fee Paid:	_____ Bill No: _____ Batch No: _____
Agent/op no.	_____
Co. Check #:	_____ Pers. Check #: _____
<input type="checkbox"/> M.O/Cred.cd:	_____
<input type="checkbox"/> Credit card:	_____
Child Support:	<input type="checkbox"/> Y <input type="checkbox"/> N
Driver's Lic./Proof of residence:	<input type="checkbox"/> Y <input type="checkbox"/> N
Cof D on file:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Date Processed:	_____

## Board of Electrical Examiners

### NEW HELPER REGISTRATION APPLICATION FOR October 1, 2021 – September 30, 2023

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 If mailing address different than above, please indicate: \_\_\_\_\_

Company name: \_\_\_\_\_  
 Company address: \_\_\_\_\_  
 Company phone number: \_\_\_\_\_  
 Company email: \_\_\_\_\_

Where should we mail correspondence that relates to your Helper registration? Circle one: Home Company

Have you ever had a prof. or vocational license suspended, refused, or revoked? Check one: \_\_\_ Yes \_\_\_ No  
 If yes, explain: \_\_\_\_\_

Have you ever been convicted of any crime, felony or misdemeanor? Check one: \_\_\_ Yes \_\_\_ No  
 If yes, include a certified copy of your Certificate of Disposition.

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- . **THE FEE FOR THE REGISTRATION IS \$40.00.** (No cash accepted)  
**Check/MO should be made payable to: COMMISSIONER OF FINANCE**  
**Credit card payments accepted in office only.**
  - . **Send email with jpeg headshot (no hat/cap/sun glasses)**
  - . **Mail completed application, Child Support Certification, and a copy of driver's license from the state in which you reside or proof of current home street address, if different from address on driver's license, along with payment (check or money order) to:**  

**Putnam County Electrical Board**  
**110 Old Route 6, Building #3**  
**Carmel, NY 10512**

For questions please email: [athena.arvan@putnamcountyny.gov](mailto:athena.arvan@putnamcountyny.gov); please put Helper Renewal Question in the subject line.

**In consideration** of being granted a Helper Registration, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Electrical Board of Examiners.

**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.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_



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: Helper d. The type of license requested: New
e. Business Name and Address (if applicable):

Certification

Are you under an obligation to pay child support? Yes No
If yes, complete items 1-4.

- 1. I am making payments in accordance with a plan agreed upon by the parties.
2. I am four months or more behind in the payment of child support.
3. My child support obligation is the subject of a pending court proceeding.
4. I am receiving public assistance or supplemental security income.

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's licenses.

Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: Date: