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Andrew Pidala Vice-Chairman

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



Robert Counihan Carlos Daeira Charles Gorges Ronald Massaro John Morrison Carmine Ricci Ronald Williams

Athena Arvan Confidential Secretary Extension 46025

# **Board of Electrical Examiners**

August 2023

RE: Helper Registrations expire September 30, 2023

Attached find an application for the renewal of your Putnam County Helper for the period of October 1, 2023 – September 30, 2025. Please note that this is a two (2)-year registration and the fee is \$40.

RENEWAL HELPER REGISTRATION PACKETS CAN ALSO BE FOUND AT THIS SITE: Consumer Affairs - Putnam County, New York (putnamcountyny.com)

Scroll down to Forms & Applications; click on Click to Access Forms; click on Electrical Examiners; scroll down to Electrical Helper and select: 2023-2025 RENEWAL ELECTRICAL HELPER PACKET.

#### THIS PACKET IS BEING EMAILED TO ALL CURRENTLY REGISTERED PUTNAM COUNTY ELECTRICAL HELPERS, AS WELL AS PUTNAM COUNTY MASTER ELECTRICIANS. NO HARD COPIES WILL BE MAILED.

This packet includes:

□ Renewal Application Form – To be filled out by Helper

□ Child Support Obligations Form – To be filled out by Helper

The following must also be included:

 $\Box$  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, 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.

 $\Box$  JPEG photo (If you want to change photo on file): Headshot (like a passport pic) – No hat/cap/sun glasses – must be emailed to: <u>athena.arvan@putnamcountyny.gov</u>

### PLEASE SUBMIT YOUR RENEWAL APPLICATION PROMPTLY

If you have any questions, please contact the Office of Consumer Affairs/Electrical Board by email at <u>athena.arvan@putnamcountyny.gov</u>. Please put Helper Renewal Question in the subject line of the email.



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 U	USE ONLY
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Orig. Helper Reg. Number:						
Munis Acct. No: _		_ Agent/Op No:				
LIC #:	_Bill No:	Batch No:				
Fee Paid:						
Co. Check #: Pers. Check #:						
□ M.O/□credit card:						
Child Support: □	$Y \square N$	Picture received $\Box$ Y $\Box$ N				
Driver's $Lic/Proof$ of residence: $\Box Y \Box N$						
C of D on file: $\Box$ Y $\Box$ N $\Box$ N/A						
Date Processed:						

**Board of Electrical Examiners** 

# HELPER REGISTRATION <u>RENEWAL</u> APPLICATION FOR October 1, 2023 – September 30, 2025

Name:		
Home Address:		
	Cell Phone:	
Email:		
Company name:		
Company address:		
Company email:		
Where should we mail correspondence that relates to	o your Helper registration? 🗆 Home 🗆 Company	

Do you have a current JPEG picture on file?  $\Box$  YES  $\Box$  NO

If no, please submit JPEG headshot (like a passport picture)- No hat/cap/sunglasses.

1. Have there been any unsatisfied judgments or *pending* judgements against you?  $\Box$  YES  $\Box$  NO If yes, include a certified copy of your Certificate of Disposition.

2. Have there been any criminal convictions or *pending* criminal convictions against you?  $\Box$  YES  $\Box$  NO If yes, include a certified copy of your Certificate of Disposition.

# 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.

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 email: <u>athena.arvan@putnamcountyny.gov;</u> 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: \_\_\_\_

Division of Safety and Health License and Certificate Unit Harriman State Office Campus Building 12, Room 161A Albany NY 12240 (518) 457-2735

#### WE ARE YOUR DOL

 SIATE OF OPPORTUNITY. OPPORTUNITY. OF Labor

www.labor.ny.gov license&certifcate@labor.ny.gov

# Appendix to a License/Certificate 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/certificate or license/certificate renewal.

Applicant's Information								
Last name: First name:		Middle initial:						
So	cial Security number:							
Th	e type of license/certificate requested:							
Bu	siness:	Title:						
Ce	rtification							
Are	you under an obligation to pay child support?	lf yes, complete items 1 - 4.	🗌 Yes	🗌 No				
1.	I am making payments in accordance with a p	lan agreed upon by the parties.	🗌 Yes	🗌 No				
2.	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 supplemer	ntal 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:\_\_\_\_\_