



PUTNAM COUNTY PLUMBING/MECHANICAL TRADES BOARD

110 Old Route 6, Building #3, Carmel, New York 10512
Phone No. 845-808-1617 Ext. 46026 Fax No. 845-808-1928

NEW JOURNEYMAN

PLUMBING/MECHANICAL TRADES APPLICATION INSTRUCTIONS

You must possess a current registration to legally work in Putnam County. You must show proof that you work for a Putnam County master plumber/mechanical tradesman.

Please do your best to use this checklist to complete the enclosed application and return it with the documents listed below. **Any application submitted without all of the requested information and documentation will be returned and considered invalid.**

Checklist:

- APPLICATION - attached
- FIVE YEARS' EXPERIENCE
 - Must provide 5 years of w2's or Plumbing, HVAC, Sheet Metal, and Refrigeration. Must provide 2 years for LP Gas and Fire Sprinkler Installer.
 - If this is an HVAC Application – EPA II or III card
 - Union Card in lieu of w2's (must have 5 years with the Union)
- PROOF OF EMPLOYMENT FORM - attached
 - Must be filled out and notarized by employer
- CHILD SUPPORT OBLIGATIONS FORM – attached
- PHOTO
 - JPEG full-face view headshot (similar to passport photo) e-mailed to plumbers@putnamcountyny.gov
 - Include Name on subject line
- DRIVER'S LICENSE (THE HOME ADDRESS ON APPLICATION MUST MATCH ADDRESS ON DRIVER'S LICENSE)
- FILING FEE in the form of a check or money order in the amount of **\$100.00** made payable to the *Commissioner of Finance. Registrations are not pro-rated.*

① Questions? Please call the number above or email our office at plumbers@putnamcountyny.gov



COUNTY OF PUTNAM
 Department of Consumer Affairs
 110 Old Route 6 Bldg. 3
 Carmel, NY 10512
 Phone: (845) 808-1617 Ext. 46026
 Fax: (845) 808-1928
plumbers@putnamcountyny.gov

FOR OFFICE USE ONLY	
License No.	_____
Fee Amount:	_____ <input type="checkbox"/> Check #: _____
	<input type="checkbox"/> Credit/debit card: _____
Receipt No.	_____ Child Support: <input type="checkbox"/> Y
Master No.	_____
Notes:	_____

NEW JOURNEYMAN APPLICATION

Answers to ALL questions must be printed or typed, accurate and complete in order to be submitted for approval.

Type of Plumbing/Mechanical trade

Please check the trade in which you are seeking certification

- Plumbing Sheet Metal LP Gas Installer Heating HVAC
 N.O.R.A Water Treatment Pump Installer Water Well and Pump Drilling
 Fire Sprinkler Refrigeration

Applicant Information

Name: _____ Date of Birth: ____ / ____ / ____
 Social Security Number: _____ Home Phone: _____
 Home Address: _____ Work Phone: _____
 _____ Cell Phone: _____
 _____ E-mail: _____

Where should we mail correspondence that relates to your license? BUSINESS HOME

Have there been any criminal convictions against you? YES NO

If so, please give details and must include a certified copy of disposition:

DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:
_____	_____	_____	_____

Present Employment Information

Name of Present Master: _____ Master's License No.: _____
 Type of Business: _____ Business Phone: _____
 Business Address: _____ E-mail: _____

 _____ Starting Date of Employment: _____

List below current license(s) issued to you from other municipalities

Name of municipality: _____	Phone: _____ Ext: _____
Address: _____	Date issued: _____
_____	Exp. Date: _____
_____	License No.: _____

List any additional licenses from other municipalities on a separate sheet of paper and attach it to this application.

Statement of Education

1. Are you a high school graduate? YES NO
 If not, what is the highest grade that you have competed? _____ Grade
2. Have you attended a trade-related vocational school? YES NO
 If so, give dates: from _____ to _____
 Hours of instruction: _____ hours _____ years
 Did you graduate? YES NO
3. Are you a college graduate? YES NO
 If so, describe degree received: _____
 If not, list the amount of credits earned: _____

List below any technical or educational classes, courses, etc. pertaining to trade

COURSE NAME:	ADDRESS:	DATES:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Affirmation

In consideration of being granted approval to conduct the business of plumbing or similar mechanical trade as a journeyman it is agreed that the applicant will only work under a **MASTERS LICENSE** and that he or she will comply with the rules and regulations of the Putnam County Department of Consumer Affairs
PENALTY FOR FALSIFICATION: Any persons making any false statements as to qualifications and experience, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided by New York State laws.

Applicant's Signature: _____ Date: _____



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FOR OFFICE USE ONLY	
License No.	_____
C of L:	_____ W/C: _____
Bond Exp.	_____ End Date: _____
Notes:	_____

PROOF OF EMPLOYMENT FORM FOR JOURNEYMAN LICENSE
 (To be filled out by a Putnam County Licensed Master only – please print clearly)

Date: _____

Name of Putnam County Licensed Master Plumber/Reciprocal:

Putnam County Master/Reciprocal License No.: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ is a

Employee Name

Full time employee

Part time employee

} check the appropriate box

of the above named company.

By signing this letter, I attest under penalty of law, including the possible suspension or revocation of my license, that, to my knowledge, all the statements contained herein are true and accurate, and that if requested by the Putnam County Plumbing/Mechanical Trades Board I will be able to provide the necessary payroll records to prove the dates of employment.

 Licensed Master Plumber's Signature

NOTE: Only a Putnam County Master Licensed Plumber/Mechanical Tradesman may complete this form.