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www.putnamcountyny.com/consumer-affairs/
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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) – emailed with name in subject line to athena.arvan@putnamcountyny.gov**

Helper registrations are for two years and expire on September 30th 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 .

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	
New Helper Reg. Number:	_____
Fee Paid:	_____
Co. Check #:	_____ Pers. Check #: _____
<input type="checkbox"/> M.O:	_____
<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, 2019 – September 30, 2021

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: _____

Have you ever had a professional or vocational license suspended, refused, or revoked? If yes, explain: _____
 Check one: ___ Yes ___ No

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.

- . **THE FEE FOR THE REGISTRATION IS \$40.00.** (No cash accepted)
Check/MO should be made payable to: COMMISSIONER OF FINANCE
- . **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

Credit card payments accepted in office only.

For questions please email: 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.
- I am making payments in accordance with a plan agreed upon by the parties. Yes No
 - I am four months or more behind in the payment of child support. Yes No
 - My child support obligation is the subject of a pending court proceeding. Yes No
 - 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's licenses.

Affirmation

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

Signature: _____ Date: _____