



**PUTNAM COUNTY
HOME IMPROVEMENT CONTRACTOR REGISTRATION INSTRUCTIONS**

****Any application submitted without all the requested information and documentation will be returned and considered invalid***

Checklist for FIRST TIME APPLICANTS

- For **Individual** (using assumed name or d/b/a):
 - MUST include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
- For **Partnerships**:
 - MUST include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
- For **Corporations**:
 - MUST include a copy of a **CORPORATE FILING RECEIPT**
- Include a **CERTIFICATE OF LIABILITY INSURANCE** (Must be an ACORD form)
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Additional Insured MUST be Putnam County Consumer Affairs
 - Scope of work MUST be included in the description
- Include **WORKERS COMPENSATION FORM (C105.2 or U26.3) or EXEMPTION FORM (CE-200)**
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs
 - *NOTE: If Workers Compensation is not required, you MUST fill out a Workers Compensation Waiver online (Form CE-200) at www.wcb.ny.gov
- Include **LICENSE & PERMIT BOND –or – BOND CONTINUATION CERTIFICATE IN THE AMOUNT OF \$25,000.00**
Requirements:
 - Bond MUST be for **2 year** period. Registration expiration date will correspond with the term of the bond.
 - The obligee MUST be Putnam County Dept. of Consumer Affairs
 - Bond MUST be signed by the principal IF NEW BOND ONLY**
- Complete the attached **CHILD SUPPORT FORM**
***NOTE: Not required if your business is a corporation or LLC**
***NOTE: Cannot accept Tax ID- OR -ITIN card in lieu of Social Security Number.**
- Include current copies of **VEHICLE REGISTRATIONS** that are used in the performance of your occupation as a Home Improvement Contractor. Note: cannot accept window registration sticker)
- Include copies of **CURRENT HOME IMPROVEMENT LICENSES** - if held in other municipalities
- Include copy of **VALID PHOTO DRIVER'S LICENSE FROM THE STATE IN WHICH YOU RESIDE** and proof of current home street address, **IF DIFFERENT FROM THE ADDRESS ON THE DRIVER'S LICENSE.**
- Include the **REGISTRATION FEE** in the form of a check or money order in the amount of **\$300.00** made payable to **Putnam County Commissioner of Finance** – *this payment covers your two year registration. Decals are included with initial application. Request for additional decals after initial registration is \$5.00 for each decal.*
- Include a **PHOTO** of the owner, partner or highest ranking corporate office
Requirements:
 - This photo MUST be submitted either by stopping in to Putnam County Consumer Affairs office or by sending an e-mail to contractors@putnamcountyny.gov. Note: Cannot use photo from Driver's License
*NOTE: If sending by e-mail MUST include Company Name, Last Name First Name and be submitted in **jpg** format
- Include a copy of the **CERTIFICATE OF ATTENDANCE** that you have received from attending the Lawn Care Best Management Practices (applies to **Landscaping and Lawn Care Contractors ONLY**)

① **Questions? Please call or email our office**

THANK YOU for your compliance of Putnam County Home Improvement Law

(10/2020)



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

FOR OFFICE USE ONLY	
Registration No. PC	_____
Fee Amount: _____	# of Decals: _____
<input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/> C.C # _____	
Child Support <input type="checkbox"/> N/A <input type="checkbox"/> Y	Bus Cert/Filing Rec. <input type="checkbox"/> Y <input type="checkbox"/> N
Driver's License <input type="checkbox"/> Y <input type="checkbox"/> N	Photo <input type="checkbox"/> Y <input type="checkbox"/> N
C of L: _____	W/C: _____
Bond Exp. _____	End Date: _____

ORIGINAL APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR

**Answers to ALL questions must be printed or typed, accurate and complete*

Business Type: Individual Partnership Corporation LLC

Business Information

Business Name: _____

Business Address: _____ Business Phone: _____

_____ Fax: _____

_____ E-mail: _____

(Required if you have an email address)

Description of Business/Scope of work (REQUIRED)

Applicant Information

Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

_____ E-mail: _____

_____ Position: Owner President Partner

Where should we mail correspondence that relates to your Home Improvement Registration? Check one:

BUSINESS ADDRESS HOME ADDRESS

List all of the employees who are affiliated with your business and/or deal with the public:

NAME:	POSITION:	DUTIES:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PLEASE CONTINUE ON TO THE NEXT PAGE...

If applicable, please indicate the number of years you have been in business at the address you have provided on the front of this application. If not, please check "New"

_____ Years New

List prior addresses below used for your current business and also list prior names, addresses and license numbers for any home improvement business you may have owned individually, been a partner or a corporate officer in within the past 10 years

NAME: No.	ADDRESS:	TITLE:	LICENSE
1. _____			

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

SCHOOL NAME:	ADDRESS:	COURSE/DEGREE:	DATES:
1. _____			

*Note: If you are a **Landscaping** or **Lawn Care Contractor** please indicate the date in which you attended the Lawn Care Best Management Practices class below.

Date of attendance: _____ Certificate Number: _____

Have there been any unsatisfied judgments against any individual, partner and/or corporate officer of the business requesting registration? YES NO (if yes, must provide disposition papers)

If so, please give details:

DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:
1. _____			

Have there been any criminal convictions against any individual, partner and/or corporate officer of the business requesting registration? YES NO (if yes, must provide disposition papers)

If so, please give details:

DATE:	COURT:	CHARGES:	DISPOSITION:
1. _____			

Has any individual, partner or corporate officer ever had a professional or vocational license suspended or revoked - or - have been issued a Home Improvement violation? YES NO

If so, please explain:

In consideration of being granted a registration to conduct a home improvement business in Putnam County, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Office of Consumer Affairs. 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. I also acknowledge that I have read and agree to the terms of the updated Contractor's Law and the Fee and Civil Penalty Schedule listed on the Putnam County website at putnamcountyny.com/consumer-affairs.

PENALTY FOR FALSIFICATION: Falsification of any statement made here in is an offense punishable by a fine and/or imprisonment.

Application must be signed by the highest-ranking official of the business/company requesting registration.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

(10/2020)

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



www.labor.ny.gov
license&certificate@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: _____

Social Security number: _____

The type of license/certificate requested: _____

Business: _____ Title: _____

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: _____

NOTE: Do not submit this form. You must consult and obtain your bond from your insurance company.

LICENSE AND PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS:

BOND No: _____

That we, _____ (John Doe, - dba, Inc., LLC, etc...) _____,
Of the (town – city – etc...) of (town – city name), State of _____, as Principal,
and (Bond Company) _____ a Corporation duly licensed to do business in the
State of _____, as Surety, are held and firmly bound unto the
(Putnam County – Dept. of Consumer Affairs) State of New York, _____ Obligee, in the
(Valid only when a County, City, Town or Village is named as Obligee)
Amount of Twenty-Five Thousand and no/100 (\$25,000.00) Dollars,
(NOT VALID FOR MORE THAN \$25,000)

Lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed (as a home improvement contractor)
By the Obligee. _____

NOW THEREFORE, IF THE Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the _____ day of _____, 20____,

and ending on the _____ day of _____, 20____ unless renewed by continuation certificate. *****MUST RUN FOR ENTIRE TWO YEAR TERM OF REGISTRATION*****

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal, In care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any subsequent acts or omissions of the Principal.

Dated this _____ day of _____, 20____

Principal

John Doe (Signature) _____ Principal

CountersignedBy _____ Agent's Signature _____ Resident AgenBy _____ President