



## 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 W-2's for Plumbing, HVAC, Sheet Metal, and Refrigeration. Must provide 2 years for LP Gas, NORA and Fire Sprinkler Installer.
  - If this is an HVAC Application – EPA II or III card
  - Union Card in lieu of W-2's (must have 5 years with the Union)
- PROOF OF EMPLOYMENT FORM – attached
  - Must be filled out by employer
- CHILD SUPPORT OBLIGATIONS FORM – attached
- PHOTO
  - JPEG full-face view headshot (like a passport photo) e-mailed to:  
[ellen.sorrento@putnamcountyny.gov](mailto:ellen.sorrento@putnamcountyny.gov)
  - Include Name in subject line
- DRIVER'S LICENSE OR OTHER STATE ISSUED IDENTIFICATION
- 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](mailto:plumbers@putnamcountyny.gov)



**COUNTY OF PUTNAM**  
 Office 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](mailto:plumbers@putnamcountyny.gov)

FOR OFFICE USE ONLY	
License No. _____	Acct # _____
Fee Amount: _____	<input type="checkbox"/> Check #: _____
<input type="checkbox"/> Credit/debit card: _____	
Child Support: <input type="checkbox"/> Y	
DBA _____	
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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail (required): \_\_\_\_\_

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: \_\_\_\_\_

Company Name \_\_\_\_\_

**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 yes, describe degree received: \_\_\_\_\_

If not, list the number 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 Office 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.**

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](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto: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: \_\_\_\_\_