



PUTNAM COUNTY CONSUMER AFFAIRS

Weights & Measures
Trades Licensing & Registration
(845) 808-1617 ext. 46026

PLUMBING/MECHANICAL LICENSE
SHELVING INSTRUCTIONS

Attached is the **(Optional)** shelving affidavit. This affidavit applies to anyone wishing to shelve their license in 2023.

The fee for shelving your license is \$50.00 per year, per license and must be done annually. Check or Money Order should be made out to the COMMISSIONER OF FINANCE. Cash will not be accepted.

The signed affidavit must be returned to this office before January 1, 2023. If you do not have the affidavit in the office by the required date, you will be considered late and will be subject to a late fee.

IMPORTANT! If you choose to shelve your license, you are not eligible to work in Putnam County. If you are found working without a license, you may be subject to a fine.

If you have any questions, please do not hesitate to call the office at the above number Monday through Friday from 8:00 a.m. to 4:00 p.m.

Putnam County Consumer Affairs
Phone: (845) 808-1617
Fax: (845) 808-1928
plumbers@putnamcountyny.gov



FOR OFFICE USE ONLY	
License No. _____	Acct # _____
Fee Amount: _____	Ag/Op# _____
Check #: _____	M.O. #: _____
CC Approval #: _____	
Year: 2023	
Notes: _____	

PLUMBING AND MECHANICAL TRADE SHELIVING AFFIDAVIT

This Affidavit must be signed by any registered plumber/mechanical tradesperson seeking to voluntarily inactivate his or her license under sections 190-19 and 190-19-a of Putnam County Plumbing and Mechanical Trade Law.

I, the undersigned, fully acknowledge and understand by my signature affixed below, that in addition to my written request and explanation to inactivate or shelve my license in accordance with section 190-19 and 190-19(a) of the Putnam County Plumbing and Mechanical Trades Law, I am prohibited from doing any work in Putnam County that was authorized by my prior active plumbing license. **I am fully aware that if I am found doing such work during the period of time that my license is voluntarily shelved, I will be violating the law and shall be subject to the fines and penalties of an unlicensed person, because I will not have a valid license to do such work.**

Further, if and when the Putnam County Legislature requires continuing education classes for licensed Plumbers/Mechanical Tradespersons within Putnam County, I fully acknowledge that I am obligated to complete all required hours of continuing education during the time that my license is shelved. I also acknowledge that if I do not complete the required continuing education hours during the time my license is shelved, I will not be able to reactivate my license.

PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY

_____ Name (print clearly)	_____ Company/Master Tradesman
Address: _____ _____	Home Phone: _____ Cell Phone: _____
Date of Birth: _____	License No.: _____
Email (required): _____	

****If shelving for more than 1 license, a separate request must be submitted for each trade. Late fee applies after 12/31/22**

Signature of Applicant: _____ Date: _____