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Board of Electrical Examiners

August 2023

Attached find a new helper registration packet to register as a Putnam County Helper for the period of October 1, 2023 – September 30, 2025.

Please note that this is a two (2)-year registration and the fee is \$40.

NEW HELPER REGISTRATION PACKETS CAN ALSO BE FOUND AT THIS SITE:

[Consumer Affairs - Putnam County, New York \(putnamcountyny.com\)](http://www.putnamcountyny.com)

Scroll down Forms & Applications; click on Click to Access Forms; click on Electrical Examiners; scroll down to Electrical Helper and select: **2023-2025 NEW ELECTRICAL HELPER PACKET.**

This packet includes:

- New Application Form – To be filled out by Helper
- Child Support Obligations Form – To be filled out by Helper

The following must also be included:

- 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, 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.
- JPEG photo: Headshot (like a passport pic) – No hat/cap/sunglasses – must be emailed to: athena.arvan@putnamcountyny.gov

If you have any questions, please contact the Office of Consumer Affairs/Electrical Board by email at athena.arvan@putnamcountyny.gov . Please put New Helper Question in the subject line of the email.



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	
Orig. Helper Reg. Number:	_____
Munis Acct. No:	_____ Agent/Op No: _____
LIC #:	_____ Bill No: _____ Batch No: _____
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 Picture received <input type="checkbox"/> Y <input type="checkbox"/> N
Driver's Lic/Proof of residence:	<input type="checkbox"/> Y <input type="checkbox"/> N
C of 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, 2023 – September 30, 2025

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Company name: _____

Company address: _____

Company phone number: _____

Company email: _____

Are you part of the BOCES program? YES NO

Where should we mail correspondence that relates to your Helper registration? Home Company

Did you submit a JPEG head shot? YES NO

1. Have there been any unsatisfied judgments or *pending* judgements against you? YES NO

If yes, include a certified copy of your Certificate of Disposition.

2. Have there been any criminal convictions or *pending* criminal convictions against you? 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*

Credit card payments accepted in office only.

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

For questions email: athena.arvan@putnamcountyny.gov; please put New Helper Registration 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: _____

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: _____