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[www.putnamcountyny.gov/consumer-affairs/](http://www.putnamcountyny.gov/consumer-affairs/)



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(845) 808-1617, Ext. 46025  
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## Board of Electrical Examiners Requirements for Obtaining a Putnam County ELECTRICAL JOURNEYMAN License – STEP 2

**Licenses are for the two (2) year term beginning October 1, 2024, EXPIRING September 30, 2026.**

Use this checklist to complete the enclosed application and return it with the required documents.  
**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- Complete and sign the **APPLICATION**.
- Provide **CERTIFICATE OF PASSING EXAM** from testing agency.
- Complete and sign the attached **CHILD SUPPORT FORM** pursuant to NYS General Obligations Law, Section 3-503.
- Include a copy of a valid **DRIVER'S LICENSE**. If the address on license is different than the home address on application, you **MUST** provide proof of residence showing name and home address (i.e. utility/cable bill, bank statement, etc.).
- Include the **\$100 LICENSING FEE** in the form of a check or money order made payable to:  
**COMMISSIONER OF FINANCE.**
- Include a **PHOTO** of the licensee.
  - This photo must be a headshot in JPEG format. Photos with hats/sunglasses will NOT be accepted.
  - Submit the photo by e-mail to [joanne.elias@putnamcountyny.gov](mailto:joanne.elias@putnamcountyny.gov).
  - Include the first and last name of the applicant in the subject line of the e-mail.
- Mail completed application, required documents and payment to:  
**Office of Consumer Affairs | Electrical Board  
110 Old Route 6, Building #3  
Carmel, NY 10512**

If you have any questions, please contact the Office of Consumer Affairs by phone or email:

(845) 808-1617, Extension 46025 | [joanne.elias@putnamcountyny.gov](mailto:joanne.elias@putnamcountyny.gov)

Please put Journeyman Application Question in the subject line of the email.



**PUTNAM COUNTY**  
 Office of Consumer Affairs | Electrical Board  
 110 Old Route 6, Building 3  
 Carmel, NY 10512  
<http://www.putnamcountyny.gov/consumer-affairs/>

Joanne Elias, Secretary to the Electrical Board  
 (845) 808-1617, Ext. 46025  
[joanne.elias@putnamcountyny.gov](mailto:joanne.elias@putnamcountyny.gov)

FOR OFFICE USE ONLY	
License #:	_____ Old License #: _____
Munis #:	_____ Agent/Op #: _____
Fee Paid:	_____ Batch #: _____
<input type="checkbox"/> M.O.   <input type="checkbox"/> Credit Card: _____	
Check # <input type="checkbox"/> Company <input type="checkbox"/> Personal _____	
Driver's License <input type="checkbox"/>   Child Support <input type="checkbox"/>   Photo <input type="checkbox"/>	
Exam Results <input type="checkbox"/>   C of D <input type="checkbox"/> Y <input type="checkbox"/> N/A	
Date Processed: _____	

## ELECTRICAL JOURNEYMAN License Application – STEP 2

Applicant Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_

Where should we mail correspondence that relates to your license?  HOME  COMPANY  
 Mailing Address (if different from above):

\_\_\_\_\_

Have you ever been convicted of any crime, felony, or misdemeanor?  
 YES  NO | If yes, include a certified copy of your Certificate of Disposition.

\_\_\_\_\_

### AFFIDAVIT

In consideration of being granted a Putnam County Electrical Journeyman License, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Electrician's law. 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

<https://dol.ny.gov/>

**The child support obligations (New York State General Obligations Law Title 5 section 3-503) do not apply to corporations.**

<u>APPLICANT</u>	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

Complete, sign and date this form if you are applying for a new license or license renewal.

### 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 OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_