

William Rossiter
Chairman

Andrew Pidala
Vice-Chairman

Michael Budzinski, PE
Director – Office of Consumer Affairs

www.putnamcountyny.gov/consumer-affairs/



Robert Counihan
Carlos DaEira
Ronald Massaro
John Morrison
Carmine Ricci
Ronald Williams

Joanne Elias
Secretary

(845) 808-1617, Ext. 46025

joanne.elias@putnamcountyny.gov

Board of Electrical Examiners Putnam County NEW Helper Registration Packet

The Helper Registration fee is \$40 and covers the two (2) year period from October 1, 2023 – September 30, 2025.

This packet includes the following forms to be filled out by the applicant:

- New Application Form

- Child Support Obligations Form

The following **MUST** also be included:

- A copy of applicant's valid photo driver's license from the state in which he/she resides. If the address on driver's license does not match address on application, provide proof of current home street address (utility bill, bank statement, credit card bill, etc.).

- Check or Money Order (no cash accepted) in the amount of \$40.00 made payable to: *Commissioner of Finance*. Credit card payments are only accepted in person at our office.

- JPEG photo: Headshot (like a passport picture - No hat or sunglasses)
Please email to: joanne.elias@putnamcountyny.gov

If you have any questions, please contact the Office of Consumer Affairs.



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

Joanne Elias, Secretary to the Electrical Board
 Extension: 46025
joanne.elias@putnamcountyny.gov

FOR OFFICE USE ONLY	
Original Helper #:	_____
Munis Acct #:	_____ Agent/Op #: _____
License #:	_____ Fee Paid: _____
Bill #:	_____ Batch #: _____
Check #	<input type="checkbox"/> Company <input type="checkbox"/> Personal _____
	<input type="checkbox"/> M.O. <input type="checkbox"/> Credit Card: _____
	<input type="checkbox"/> Child Support <input type="checkbox"/> Driver's License <input type="checkbox"/> Picture
Proof of Residence:	<input type="checkbox"/> Y <input type="checkbox"/> N/A
C of D on file:	<input type="checkbox"/> Y <input type="checkbox"/> N/A
Date Processed:	_____

Board of Electrical Examiners

NEW HELPER REGISTRATION APPLICATION - 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 REGISTRATION IS \$40.00 (Cash is NOT accepted)
 Check or Money Order should be made payable to: **COMMISSIONER OF FINANCE.**
 Credit card payments are only accepted in the office.
 Mail completed application, Child Support Certification, and a copy of driver's license (include proof of current home street address, if address on application is different from address on driver's license), along with payment (check or money order) to:

**Office of Consumer Affairs
 Electrical Board
 110 Old Route 6, Building #3
 Carmel, NY 10512**

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: _____