



Board of Electrical Examiners

2025 RENEWAL Process for Master Electrician & Low Voltage / Limited Data Communications Technician License

Please use this checklist to complete the enclosed application and return it with the documents required. Incomplete applications will be returned.

All licenses expire December 31st. Applications received after December 31st are subject to a late fee. Late fees do not apply to Reciprocal.

- APPLICATION** – Completed & signed
- CERTIFICATE OF LIABILITY INSURANCE**
 - Certificate Holder **MUST** be Putnam County Electrical Board, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Putnam County Electrical Board **MUST** be Additional Insured
- WORKERS' COMPENSATION FORM (C105.2)**
 - Certificate Holder **MUST** be Putnam County Electrical Board
 - *NOTE:** If Workers' Compensation is not required, you **MUST** complete a Workers' Compensation Waiver (Form CE-200) at www.wcb.ny.gov. This form must be printed, **SIGNED** and submitted.
- ORIGINAL LICENSE & PERMIT BOND in the amount of \$25,000 OR copy of a CONTINUATION CERTIFICATE**
 - Bond **MUST** be for a **one (1) year** period and run concurrently with the license
 - Putnam County Electrical Board **MUST** be the obligee
 - Original bond **MUST BE SIGNED** by the principal (If Continuation Certificate, a copy is acceptable)
- Complete and sign the attached **CHILD SUPPORT FORM** pursuant to NYS General Obligations Law, Section 3-503
- Copy of **VEHICLE REGISTRATION CARDS** for vehicles used in the course of your business
- Copy of a valid **DRIVER'S LICENSE**. If the address on license is different than home address on application, you **MUST** provide proof of residence showing name and home address (i.e. utility/cable bill, bank statement, etc.).
- Certificate showing completion of annual **CONTINUING EDUCATION CLASS** (for Masters and Reciprocal, only)
- To obtain a **RECIPROCAL** license, include a **CERTIFIED** copy of a current valid **WESTCHESTER COUNTY ELECTRICAL LICENSE**
- LICENSING FEE** in the form of a check or money order in the amount of **\$500** made payable to **COMMISSIONER OF FINANCE** (Fee for Low Voltage/Lmtd Data Comm. Tech is **\$150**). Credit card payments are only accepted in person.
One (1) vehicle decal is included in the fee; each additional decal is \$6 extra. The fee for a CERTIFIED COPY is \$10.
If the application is submitted after December 31st, you MUST include the late fee (not applicable to Reciprocal):
 - If received between January 1 – 31 add: \$100
 - If received between February 1 – 28 add: \$200
 - If received between March 1 – 31 add: \$300
 - Failure to renew within 90 days after the expiration date may result in revocation of your license.**

If you are a **FIRST TIME APPLICANT**, please **ALSO INCLUDE THE FOLLOWING DOCUMENTS:**

- PHOTO** of the licensee –
 - This photo must be a headshot in JPEG format. No photos with hats or sunglasses will be accepted.
 - Email photo with first & last name of applicant in subject line to: Joanne.Elias@putnamcountyny.gov
- Provide one of the following:
 - INDIVIDUAL** (using assumed name or d/b/a):
MUST include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
 - PARTNERSHIP:**
MUST include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
 - CORPORATION:**
MUST include a copy of a **CORPORATE FILING RECEIPT**



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

**CHECK HERE TO REQUEST
 CERTIFIED COPY (\$10)**

FOR OFFICE USE ONLY – Year: <u>2025</u>	
License #: _____	Old License #: _____
Munis #: _____	Agent/Op #: _____
Fee Paid: _____	Check # <input type="checkbox"/> C <input type="checkbox"/> P _____
<input type="checkbox"/> M.O. <input type="checkbox"/> Credit Card: _____	
Batch #: _____	# of Decals: _____
CEU <input type="checkbox"/> Driver's Lic <input type="checkbox"/> Child Support <input type="checkbox"/> Photo <input type="checkbox"/>	
Bus Filing <input type="checkbox"/> Y <input type="checkbox"/> N/A Cert of Disposition <input type="checkbox"/> Y <input type="checkbox"/> N/A	
C of L: _____	WC: _____ Bond: _____
Date Processed: _____	

**2025 MASTER ELECTRICIAN & LOW VOLTAGE LIMITED DATA
 COMMUNICATION TECHNICIAN RENEWAL APPLICATION**

Current License #: Master # _____ Low Voltage/Limited Data # _____ Reciprocal # _____

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 there been any criminal convictions or *pending* criminal convictions against any individual, partner, and/or corporate officer *since your last application*?

YES NO | If yes, include a certified copy of your Certificate of Disposition.

Have there been any unsatisfied judgements against you *since your last application*?

YES NO | If yes, include a certified copy of your Certificate of Disposition.

Have you ever had a professional or vocational license suspended, refused or revoked?

YES NO | If yes, explain:

Please list all municipalities/facilities where you are presently licensed as a Master Electrician:

AFFIDAVIT

In consideration of being granted a Putnam County Master Electrician or Low Voltage Limited Data Communications Technician license, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Electrical 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 license 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

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 new license or license renewal.

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

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:** _____