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



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## Board of Electrical Examiners Putnam County Helper RENEWAL Registration Packet

The Helper Registration fee is \$40 and covers the two (2) year period from October 1, 2025 – September 30, 2027.

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

- ☐ Renewal 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 our office.
- ☐ JPEG photo: Headshot (like a passport picture - No hat or sunglasses) Please email to: [joanne.elias@putnamcountyny.gov](mailto: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](mailto:joanne.elias@putnamcountyny.gov)

**FOR OFFICE USE ONLY**

Original Helper #: \_\_\_\_\_ License #: \_\_\_\_\_  
Munis Acct #: \_\_\_\_\_ Agent/Op #: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Bill #: \_\_\_\_\_  
Check # ☐ C ☐ P: \_\_\_\_\_ Batch #: \_\_\_\_\_  
☐ M.O. | ☐ Credit Card: \_\_\_\_\_  
☐ Child Support ☐ Driver's License ☐ Picture  
Proof of Residence: ☐ Y ☐ N/A | C of D: ☐ Y ☐ N/A  
Date Processed: \_\_\_\_\_

**Board of Electrical Examiners****HELPER REGISTRATION RENEWAL APPLICATION - October 1, 2025 – September 30, 2027**

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

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

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

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

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone number: \_\_\_\_\_ Company email: \_\_\_\_\_

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

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](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto: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: \_\_\_\_\_