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Office of Consumer Affairs
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

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 #: _____	License #: _____
Munis Acct #: _____	Agent/Op #: _____
Fee Paid: _____	Bill #: _____
Check # <input type="checkbox"/> C <input type="checkbox"/> P: _____	Batch #: _____
<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: <input type="checkbox"/> Y <input type="checkbox"/> 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
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: _____