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www.putnamcountyny.gov/consumer-affairs/



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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, 2025 – September 30, 2027.

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 #: _____ License #: _____

Munis Acct #: _____ Agent/Op #: _____

Fee Paid: _____ Bill #: _____

Check # ☐ C ☐ P: _____ Batch #: _____☐ M.O. | ☐ Credit Card: _____☐ Child Support ☐ Driver's License ☐ PictureProof of Residence: ☐ Y ☐ N/A | C of D: ☐ Y ☐ N/A

Date Processed: _____

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

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 ☐ NOWhere should we mail correspondence that relates to your Helper registration? ☐ Home ☐ CompanyDid you submit a JPEG head shot? ☐ YES ☐ NO1. 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: _____