



Board of Electrical Examiners Requirements for obtaining a Low Voltage / Limited Data Communications Technician License – STEP 2

Please use this checklist to complete the enclosed application and return it with the documents required. It is your responsibility to submit the following with your signed application.

All licenses expire December 31st. Applications received after December 31st are subject to a late fee.

- Include a **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 (Certificate Holder) **MUST** be Additional Insured
- Include **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.
- Include **ORIGINAL LICENSE & PERMIT BOND IN THE AMOUNT OF \$25,000.00**
 - Bond **MUST** be for **1 year** period and **MUST** run concurrently with the license
 - Putnam County **MUST** be the obligee
 - Original bond **MUST** be signed by the principal
- Complete the attached **CHILD SUPPORT FORM** pursuant to NYS General Obligations Law, Section 3-503
- Copies of all **VEHICLE REGISTRATION** cards for the vehicles used in the course of your business.
NOTE: Decal for one vehicle is included in the \$150 fee; each additional decal is \$6.00.
- Include a 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.).
- Include the **\$150 LICENSING FEE** in the form of a check or money order made payable to:
COMMISSIONER OF FINANCE.

FIRST TIME APPLICANT MUST ALSO INCLUDE THE FOLLOWING DOCUMENTS:

- Include a **PHOTO** of the licensee
 - This photo must be a headshot in JPEG format. Photos with hats/sunglasses will NOT be accepted.
 - Submit the photo by e-mail to joanne.elias@putnamcountyny.gov .
 - Include the first and last name of the applicant in the subject line of the e-mail.
- Provide one of the following:
 - For **Individual** (using assumed name or d/b/a):
 - MUST** include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
 - For **Partnerships**:
 - MUST** include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
 - For **Corporations**:
 - 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

FOR OFFICE USE ONLY	
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: _____
Driver's License <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:	_____

Low Voltage / Limited Data Communications Technician Application – STEP 2

Applicant 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 you ever been convicted of any crime, felony, or misdemeanor?
 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:

AFFIDAVIT

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:** _____



New York State Department of Labor Appendix to a License Application

<https://dol.ny.gov/>

The child support obligations (New York State General Obligations Law Title 5 section 3-503) do not apply to corporations.

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

Complete, sign and date this form if you are applying for a new license or license renewal.

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:** _____