

**William Rossiter**  
Chairman

**Andrew Pidala**  
Vice-Chairman

**Michael Budzinski, PE**  
Director

**Office of Consumer Affairs**  
[www.putnamcountyny.gov/consumer-affairs/](http://www.putnamcountyny.gov/consumer-affairs/)



**Robert Counihan**  
**Carlos DaEira**  
**Ronald Massaro**  
**John Morrison**  
**Carmine Ricci**  
**Ronald Williams**

**Joanne Elias, Secretary**  
(845) 808-1617, Ext. 46025  
[joanne.elias@putnamcountyny.gov](mailto:joanne.elias@putnamcountyny.gov)

## **Board of Electrical Examiners Re-Apply to Test Application**

Upon the Electrical Board's approval of your application, you were invited to take one of the following exams:

- Master Electrician exam
- Low Voltage/Limited Data Communications exam
- Electrical Journeyman exam

If you failed your exam, you can reapply as many times as needed to pass, within one year of the date of your original approval.

Requirements checklist:

- Re-application – Completed and signed
- Re-application fee of \$75 – Check or money order made payable to:  
**Commissioner of Finance**
- Mail application and payment to:  
**Office of Consumer Affairs**  
**Electrical Board**  
**110 Old Route 6, Building #3**  
**Carmel, NY 10512**

**Note: There is a separate fee to retake the test payable directly to the testing agency.**



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](mailto:joanne.elias@putnamcountyny.gov)

FOR OFFICE USE ONLY	
Fee Paid: _____	Agent/Op #: _____
Check # <input type="checkbox"/> Company <input type="checkbox"/> Personal _____	
<input type="checkbox"/> M.O.   <input type="checkbox"/> Credit Card: _____	
Batch #: _____	
Application #: _____	
Date Processed: _____	

## Board of Electrical Examiners Re-Apply to Test Application

**Check one:**

- Master Electrician Exam
- Low Voltage/Limited Data Communication Exam
- Electrical Journeyman Exam

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

What was the date of your prior test(s): \_\_\_\_\_

**Complete this section only if your information has changed since your original application:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_

**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:** \_\_\_\_\_