

William Rossiter
Chairman

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Vice-Chairman

Michael Budzinski, PE
Director – Office of Consumer Affairs
www.putnamcountyny.gov/consumer-affairs/
(845) 808-1617



Robert Counihan
Carlos DaEira
Charles Gorges
Ronald Massaro
John Morrison
Carmine Ricci
Ronald Williams

Joanne Elias
Secretary, Ext. 46025

Board of Electrical Examiners

Dear Putnam County Journeyman:

Enclosed you will find an application for registration for your Putnam County Journeyman License. Please note that this is a two (2) year registration and the fee for the 2-year registration is \$100.

Your registration must include the following:

- Application Form – completely filled out by journeyman
- Certificate of passing exam from testing agency
- Child Support Obligation Form – completely filled out by journeyman
- A copy of valid driver's license from the state in which journeyman resides. If address on license is different than address on application, include proof of current home address (i.e. cable bill, utility bill, bank statement).
- Check or Money Order (no cash accepted) in the amount of \$100.00 made payable to:
Commissioner of Finance
- Headshot photo in **JPEG format** (Similar to passport, NO hats or sunglasses).
MUST be submitted by sending an e-mail to: joanne.elias@putnamcountyny.gov
MUST include first and last name of licensee in the subject line of the email.

If you have any questions, please contact the Office of Consumer Affairs by phone or email:
(845) 808-1617, Extension 46025 | joanne.elias@putnamcountyny.gov
Please put Journeyman Application Question in the subject line of the email.



COUNTY OF PUTNAM
 Office of Consumer Affairs | Electrical Board
 110 Old Route 6, Bldg. #3
 Carmel, NY 10512
 (845) 808-1617
<http://www.putnamcountyny.gov/consumer-affairs/>

FOR OFFICE USE ONLY	
JMAN TERM / Assigned J#:	_____
Munis Acct. No.	_____ Agent/Op. No. _____
Munis Lic. No.	_____ Bill No. _____
Fee Amount:	_____ Batch No. _____
<input type="checkbox"/> Co. Check #	<input type="checkbox"/> Pers. Check #: _____
<input type="checkbox"/> M.O. number	_____
<input type="checkbox"/> Credit/debit card auth code:	_____
Child Support:	<input type="checkbox"/> Y <input type="checkbox"/> N Photo submitted: <input type="checkbox"/> Y <input type="checkbox"/> N
Proof of Home Address/Driver's License:	<input type="checkbox"/> Y <input type="checkbox"/> N
CEU cert:	<input type="checkbox"/> Y <input type="checkbox"/> N Cert for Passed Exam: <input type="checkbox"/> Y <input type="checkbox"/> N
C of D on file:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Processed:	_____

APPLICATION FOR NEW JOURNEYMAN REGISTRATION – STEP 2 (after passing exam)
PLEASE PROVIDE CERTIFICATE OF PASSING EXAM FROM TESTING AGENCY

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Employer Name/Company Name: _____

Co. Address: _____ City/State/Zip _____

Company Phone: _____ Company Email: _____

Have you ever been convicted of any crime, felony, or misdemeanor? Yes: _____ No: _____

If yes, please provide Certificate of Disposition.

Where should we mail correspondence that relates to your journeyman license? Circle one: HOME COMPANY

PAYMENT Fee: \$100 Check or money order should be made payable to: **Commissioner of Finance.**

Mail completed application, along with payment to:

Putnam County Electrical Board, 110 Old Route 6, Building 3, Carmel, NY 10512

Any questions, please email: joanne.elias@putnamcountyny.gov.

Please write *Electrical journeyman question* in the subject line.

AFFIDAVIT

In consideration of being granted a Putnam County Electrical Journeyman license, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Electrician's law.

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

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 or license renewal.

Applicant	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

Certification

Are you under an obligation to pay child support? Yes No
If yes, complete items 1-4.

I am making payments in accordance with a plan agreed upon by the parties. Yes No

I am four months or more behind in the payment of child support. Yes No

My child support obligation is the subject of a pending court proceeding. Yes No

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's licenses.

Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: _____ Date: _____