



**PUTNAM COUNTY CONSUMER AFFAIRS**  
Weights & Measures/ Trades Licensing & Registration  
110 Old Route Six, Building #3, Carmel, NY 10512  
(845) 808-1617 ext. 46026  
[plumbers@putnamcountyny.gov](mailto:plumbers@putnamcountyny.gov)

**PLUMBING/MECHANICAL JOURNEYMAN**  
**SHELVING INSTRUCTIONS**

Attached is the (**Optional**) shelving affidavit. This affidavit applies to anyone wishing to shelve their registration for 2024-2026.

The fee for shelving your registration is \$50.00 and must be done biennially. Check or Money Order should be made out to the **COMMISSIONER OF FINANCE**. Cash will not be accepted.

The signed affidavit must be returned to this office before June 30, 2024. If you do not have the affidavit in the office by the required date, you will be considered late and will be subject to a \$25.00 (minimum) Late Fee.

**IMPORTANT!** If you choose to shelve your registration, you are not eligible to work as a Journeyman in Putnam County. If you are found working without a registration, you may be subject to a fine.

If you have any questions, please do not hesitate to call Monday through Friday from 8:00 a.m. to 4:00 p.m.



**PUTNAM COUNTY**  
 Office of Consumer Affairs  
 110 Old Route 6, Building #3  
 Carmel, NY 10512  
 Phone: (845) 808-1617 Ext. 46026  
 Fax: (845) 808-1928  
[www.putnamcountyny.com/consumer-affairs/](http://www.putnamcountyny.com/consumer-affairs/)

<b>FOR OFFICE USE ONLY</b>	
License No. _____	Acct # _____
Fee Amount: _____	Ag/Op# _____
Check #: _____	M.O. #: _____
CC Approval #: _____	
Year: <b>2024-2026</b>	
Notes: _____	

**PLUMBING AND MECHANICAL TRADES JOURNEYMAN SHELIVING AFFIDAVIT**

This Affidavit must be signed by any registered plumber/mechanical tradesperson seeking to voluntarily inactivate his or her license/registration under sections 190-19 and 190-19-a of Putnam County Plumbing and Mechanical Trades Law.

I, the undersigned, fully acknowledge and understand by my signature affixed below, that in addition to my written request and explanation to inactivate or shelve my license in accordance with section 190-19 and 190-19(a) of the Putnam County Plumbing and Mechanical Trades Law, I am prohibited from doing any work in Putnam County that was authorized by my prior active plumbing license. **I am fully aware that if I am found doing such work during the period that my license is voluntarily shelved, I will be violating the law and shall be subject to the fines and penalties of an unlicensed person, because I will not have a valid license to do such work.**

Further, if and when the Putnam County Legislature requires continuing education classes for licensed Plumbers/Mechanical Tradespersons within Putnam County, I fully acknowledge that I am obligated to complete all required hours of continuing education during the time that my license is shelved. I also acknowledge that if I do not complete the required continuing education hours during the time my license is shelved, I will not be able to reactivate my registration.

***\*This shelving affidavit expires on June 30, 2026.***

**PLEASE COMPLETE ALL SECTIONS AND PRINT CLEARLY**

\_\_\_\_\_  
 Name (print clearly)

\_\_\_\_\_  
 Company/Master Tradesman

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

Date of Birth: \_\_\_\_\_

Journeyman No.: \_\_\_\_\_

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

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

E-mail Address (required): \_\_\_\_\_

\*\*If shelving for more than 1 license, a separate affidavit and fee must be submitted for each trade. Late fee applies after June 30<sup>th</sup>, 2024.

Applicant's Signature: \_\_\_\_\_

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](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto: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: \_\_\_\_\_