Putnam County Consumer Affairs Phone: (845)-808-1617 Ext. 46026 plumbers@putnamcountyny.gov



PUTNAM COUNTY PLUMBING/MECHANICAL TRADES BOARD

Weights & Measures/ Trades Licensing & Registration 110 Old Route 6, Building #3, Carmel, New York 10512

JOURNEYMAN RENEWAL 2024-2026 PLUMBING/MECHANICAL TRADES APPLICATION INSTRUCTIONS

You must possess a current registration to legally work in Putnam County.

Use this checklist to complete the enclosed application and return it with the documents listed below. Any application submitted without all the requested information and documentation will be considered incomplete and returned.

Checklist:

CHILD SUPPORT OBLIGATIONS FORM - (attached) This is a New York State requirement (this
form must be completed whether there are child support issues or not). Make sure to list your full
social security number.
FILING FEE in the form of a check or money order in the amount of \$100.00 made payable to the
Commissioner of Finance. Credit cards accepted in person only.
<u>DRIVER'S LICENSE</u> – PLEASE NOTE : License must be submitted with all applications. If the
address on your driver's license is different from the home address on your application, you must
ALSO submit proof of residency (utility bill, credit card statement, etc.).
If the photo we have on file is older than six (6) years, you must submit a new photo. We no longer
take pictures at our office. Use any smartphone and email your updated JPEG headshot to
<u>Irina.Paegelow@putnamcountyny.gov.</u> Please do not wear sunglasses or hats for the photo. Make
sure your name and the name of the company you are working for is in the subject line of your
email.

Your application must be postmarked by June 30, 2024. Late fees will apply to any application submitted after that date. THERE IS NO GRACE PERIOD.

① Questions? Please call the number above or email our office at: plumbers@putnamcountyny.gov



PUTNAM COUNTY

Office of Consumer Affairs 110 Old Route 6 Building 3 Carmel, NY 10512 Phone: (845) 808-1617 Ext. 46026

FOR OFFICE USE ONLY	
Registration NoAcct#	
Fee Amount: Photo Y	
☐ Check #:	
Credit Card Approval #	
Child Support: □ Y Driver's License □ Y	
Agent/Operator#	
Notes:	-

KW YOR	plumbers@putnamcountyny.gov			
	IBING/MECHANICAL TRADE LL questions must be printed or ty	·		
	oing/Mechanical Trade	реи, исситие ини сотріє	ie in order to be submitted for c	erigication.
	ade in which you are seeking renew	ral. If more than one trade	use a senarate application	
☐ Plumbing ☐ N.O.R.A	g ☐ Sheet Metal ☐	LP Gas Installer	Heating HVAC	
Applicant and	Business Information - PLEASE	PRINT CLEARLY		
Name:		Journeyma	n Number:	
	e:		e:	
Company Addr	ress:	Cell Phone	:	
		Home Phon	ne:	
Home Address:				
*E-mail (requi	red):			
*If you fail to p	rovide an email you will NOT recei	ve notifications regarding	your registration.	
Has your emplo	oyer or demographic information ch	anged since your last appl	ication? □ YES □ NO	
Have there been	n any criminal convictions against y	vou? □ YES □	NO	
110,000,000	If so, please give details and must			
DATE	COURT	CHARGES	DISPOSITION	
journeyman it is and that they w PENALTY FOR	on of being granted certification to os agreed that the applicant will only ill comply with the rules and regula FALSIFICATION: Any persons man oscribing to or vouching for any note.	work under a Putnam Ĉo tions of the Putnam Coun king any false statements	unty Licensed Plumber or Mastery Office of Consumer Affairs. S as to qualifications and expense.	er Tradesman rience, or
Applicant's Sig	nature:	Da	te:	

Division of Safety and Health License and Certificate Unit Harriman State Office Campus Building 12, Room 161A Albany NY 12240 (518) 457-2735

Applicant's Information



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.

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 supp	oort? 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 pa	yment of child support.		Yes	□ No							
3. My child support obligation is the subject of	of a pending court proceeding.		Yes	□ No							
4. I am receiving public assistance or supple	mental 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/ce	rtificate	being	revoked.							
Signature:	Date:										

GO 1 (7/19)