



REQUIREMENTS FOR OBTAINING A PUTNAM COUNTY LOW VOLTAGE/LIMITED DATA COMM. TECH LICENSE – STEP 2 (After passing test)

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. There is no grace period – Applications received after December 31st are subject to a late fee.

- Include a **CERTIFICATE OF LIABILITY INSURANCE**
Requirements:
 - Certificate Holder must be Putnam County Electrical Board, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Putnam County MUST be Additional Insured
- Include **WORKERS COMPENSATION FORM (C105.2)**
Requirements:
 - 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**
Requirements:
 - 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** of the licensee. If address on license is different than home address on application, must provide utility/cable bill with name and home address to verify residence.
- Include the **LICENSING FEE** in the form of a check or money order in the amount of **\$150** made payable to **Putnam County Commissioner of Finance**.

FIRST TIME APPLICANT please ALSO INCLUDE THE FOLLOWING DOCUMENTS:

- Include a **PHOTO** of the licensee
Requirements:
 - This photo MUST be submitted by sending an e-mail to athena.arvan@putnamcountyny.gov. This photo must be a headshot. No photos with hats/caps/sun glasses are accepted. Also, if sending by e-mail MUST include first and last name of licensee in the subject bar and the photo MUST be submitted in **jpeg** format

Check one:

- 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**

Questions? Please call or email our office athena.arvan@putnamcountyny.gov

THANK YOU for your compliance of the Putnam County Electricians Law



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

FOR OFFICE USE ONLY	
License No.	_____
Fee Amount:	_____
<input type="checkbox"/> Co. Check #:	_____ Pers. Check # _____
<input type="checkbox"/> Credit/debit card:	_____
Receipt No.	_____ Child Support: <input type="checkbox"/> Y
C of L:	_____ W/C: _____
Bond Exp.	_____ No. of Decals: _____

Type of license (check one):

Low Voltage/Limited Data Communications Technician

Applicant Name: _____

Home Street Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell phone: _____

Email: _____

Company Name: _____

Company Street Address: _____ City: _____

State: _____ Zip: _____ Company Phone: _____ Cell Phone: _____

Email: _____

Where should we mail correspondence that relates to your electrical license? Circle one: HOME COMPANY
 Mailing address if different from above:

Have you ever been convicted of any crime, felony, misdemeanor, or violation? Circle one: YES NO

If yes, please provide Certificate of Disposition for charge.

AFFIDAVIT

STATE OF _____)
 COUNTY OF _____) ss:

_____ being duly sworn deposes and says that s/he is the applicant above named and that the statements contained herein are true to the best of his/her knowledge and belief.

 Applicant Signature



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? If yes, complete items 1 - 4. YES NO
- 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 licenses.

Affirmation

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

Signature: _____ Date: _____