Russell Bleakley, Chairman Robert Sleight, Vice Chairman

Michael Budzinski, P.E., Director Putnam County Consumer Affairs

Ellen Sorrento, Secretary



PUTNAM COUNTY PLUMBING/MECHANICAL TRADES BOARD

110 Old Route 6, Building #3, Carmel, New York 10512 Phone No. 845-808-1617 Ext. 46026 Fax No. 845-808-1930

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.
- DRIVER'S LICENSE **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.).
- \Box 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 ellen.sorrento@putnamcountyny.gov. 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.

(i) Questions? Please call the number above or email our office at:

ellen.sorrento@putnamcountyny.gov



PUTNAM COUNTY Office of Consumer Affairs 110 Old Route 6 Building 3 Carmel, NY 10512 Phone: (845) 808-1617 Ext. 46026 Fax: (845) 808-1930 ellen.sorrento@putnamcountyny.gov

FOR OFFICE USE ONLY			
Registration No.	Acct#		
Fee Amount:	Photo 🛛 Y		
□ Check #:			
Credit Card Approval #			
Child Support:	Driver's License 🗆 Y		
Agent/Operator#			
Notes:			

PLUMBING/MECHANICAL TRADES <u>JOURNEYMAN RENEWAL</u> APPLICATION 2024-2026 Answers to ALL questions must be printed or typed, accurate and complete in order to be submitted for certification.

Type of Plumbing/Mechanical Trade

Check \square the trade in which you are seeking renewal. If more than one trade, use a separate application.

Plumbing	Sheet Metal	LP Gas Installer	Heating	□ HVAC
□ N.O.R.A.	Fire Sprinkler	Refrigeration	-	

Applicant and Business Information - PLEASE PRINT CLEARLY

Name:	Journeyman Number:	
Company Name:	Work Phone:	
Company Address:	Cell Phone:	
	Home Phone:	
Home Address:		
*E-mail (required):		
*If you fail to provide an email you will NOT receive notig	fications regarding your registration.	
Has your employer or demographic information changed	since your last application?	□ NO
Have there been any criminal convictions against you?	□ YES □ NO	

If so, please give details and must include a certified copy of disposition:					
DATE	COURT	CHARGES	DISPOSITION		

Affirmation

In consideration of being granted certification to conduct the business of plumbing or similar mechanical trade as a journeyman it is agreed that the applicant will only work under a Putnam County Licensed Plumber or Master Tradesman and that they will comply with the rules and regulations of the Putnam County Office of Consumer Affairs.

PENALTY FOR FALSIFICATION: Any persons making any false statements as to qualifications and experience, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided by New York State laws.

Applicant's Signature:	Date:



PUTNAM COUNTY Office of Consumer Affairs 110 Old Route 6 Building 3 Carmel, NY 10512 Phone: (845) 808-1617 Ext. 46026 Fax: (845) 808-1930 ellen.sorrento@putnamcountyny.gov

FOR OFFICE USE ONLY			
Registration No.	Acct#		
Fee Amount:	Photo 🛛 Y		
□ Check #:			
Credit Card Approval #			
Child Support:	Driver's License 🗆 Y		
Agent/Operator#			
Notes:			

PLUMBING/MECHANICAL TRADES <u>JOURNEYMAN RENEWAL</u> APPLICATION 2024-2026 Answers to ALL questions must be printed or typed, accurate and complete in order to be submitted for certification.

Type of Plumbing/Mechanical Trade

Check \square the trade in which you are seeking renewal. If more than one trade, use a separate application.

Plumbing	Sheet Metal	LP Gas Installer	Heating	□ HVAC
□ N.O.R.A.	Fire Sprinkler	Refrigeration	-	

Applicant and Business Information - PLEASE PRINT CLEARLY

Name:	Journeyman Number:	
Company Name:	Work Phone:	
Company Address:	Cell Phone:	
	Home Phone:	
Home Address:		
*E-mail (required):		
*If you fail to provide an email you will NOT receive not	fications regarding your registration.	
Has your employer or demographic information changed	since your last application? ☐ YES	□ NO
Have there been any criminal convictions against you?	□ YES □ NO	

	If so, please give details and must include a certified copy of disposition:			
DATE	COURT	CHARGES	DISPOSITION	

Affirmation

In consideration of being granted certification to conduct the business of plumbing or similar mechanical trade as a journeyman it is agreed that the applicant will only work under a Putnam County Licensed Plumber or Master Tradesman and that they will comply with the rules and regulations of the Putnam County Office of Consumer Affairs.

PENALTY FOR FALSIFICATION: Any persons making any false statements as to qualifications and experience, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided by New York State laws.

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

 SIATE OF OPPORTUNITY. OPPORTUNITY. OF Labor

www.labor.ny.gov license&certifcate@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.

Ар	plicant's Information			
La	t name:	_ First name:	N	1iddle initial:
So	cial Security number:			
Th	e type of license/certificate requested:			
Bu	siness:	Title:		
Ce	rtification			
Are	you under an obligation to pay child support?	lf yes, complete items 1 - 4.	🗌 Yes	🗌 No
1.	I am making payments in accordance with a p	lan agreed upon by the parties.	🗌 Yes	🗌 No
2.	I am four months or more behind in the payme	ent 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 supplemer	ntal 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:_____