

William Rossiter
Chairman

Andrew Pidala
Vice Chairman

Mr. Michael Budzinski, P.E.
Director - Office of Consumer Affairs
www.putnamcountyny.com/consumer-affairs/



Arthur Bolduc
Robert Counihan
Charles Gorges
Ronald Massaro
John Morrison
Carmine Ricci
Randy Taggart

Athena Arvan, Conf. Secretary
(845) 808-1617, x 46025

PUTNAM COUNTY CONSUMER AFFAIRS
Weights & Measures
Trades Licensing & Registration
ELECTRICAL BOARD OF EXAMINERS

Re-Application to Test Application

Upon the Electrical Board's approval of your application, you were invited to take one of the following exams:

Master Electrician's exam
Low Voltage/Limited Data Comm exam
Electrical Journeyman's exam

If you failed your exam, you can reapply as many times as needed to pass, within one year of the date of your original approval.

There is a separate fee to retake the test payable directly to the testing agency.

Requirements checklist:

- Application (attached)
- Driver's license – Address on license must match home address listed on application
- Re-application fee: \$75 – check made out to Commissioner of Finance



COUNTY OF PUTNAM
 Department 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	
Re-Application Fee Amount:	_____
Munis Acct. No.	_____ Agent/Op. No. _____
Bill No.	_____ Batch No. _____
Co.ck#	_____ Pers.ck# _____
M.O. number	_____
Credit/debit card author code:	_____
Proof of Home Address/Driver's License	<input type="checkbox"/> Y
Processed:	_____

RE-APPLICATION TO TEST APPLICATION

Check one:

- Master Elec.Exam Low Voltage/Lmtd Data Comm. Exam Elec. Journeyman Exam

Name: _____

What was the date of your prior test(s): _____

Complete this section only if your information has changed since your original application:

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Company Name: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Co. Email: _____

AFFIDAVIT

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: _____