



**DEPARTMENT OF CONSUMER AFFAIRS
AND WEIGHTS & MEASURES**

Charles F. Mitchell
Commissioner

99 Main Street
Goshen, New York 10924
TEL: (845) 291-2400 FAX: (845) 291-2385

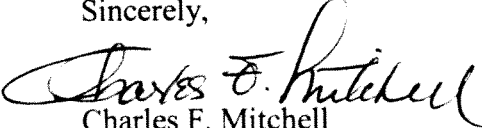
Edward A. Diana
County Executive
WWW.ORANGECOUNTYGOV.COM

Dear Electrical License Applicant:

As per your request, enclosed please find instructions and an application for consideration to take the Orange County Master Electrician exam or for grandfathering. The completed application can be mailed to Orange County Department of Consumer Affairs and Weights & Measures, 99 Main Street, Goshen, NY 10924. Applications will also be accepted at this office Monday through Friday between 9:00 am and 5:00 pm.

For further information please call 845-360-6700. Thank you.

Sincerely,


Charles F. Mitchell
Commissioner

INSTRUCTIONS for filing an application for consideration to take the ORANGE COUNTY MASTER ELECTRICIAN EXAM Or for grandfathering

According to Local Law #8 of 2007, any person wishing to work as a Master Electrician in Orange County must possess a county issued license.

All applicants must do the following:

1. Submit a completed application and child support form signed in **BLUE** ink.
2. Include two passport photos taken within thirty (30) days of submission of the application.
3. Provide proof of experience as set forth in Local Law #8. Must prove seven years electrical experience to be eligible for the exam or eleven years to be considered for grandfathering.

EXAMPLES OF PROOF OF EXPERIENCE

- A. W-2 FORMS
- B. 1040 FORMS
- C. BUSINESS TAX STATEMENTS
- D. NOTARIZED BUSINESS RECORDS
- E. NOTARIZED STATEMENTS OF HOURS WORKED FROM BENEFIT FUNDS ON FUND LETTERHEAD
- F. SOCIAL SECURITY RECORDS
- G. NOTARIZED STATEMENTS AND LETTERS FROM EMPLOYERS ON COMPANY LETTERHEAD
- H. CERTIFIED COPIES OF LICENSES HELD
- I. **NOTARIZED** LETTER(S) FROM ONE OR MORE LICENSED ELECTRICIANS, **ON COMPANY LETTERHEAD**, CONFIRMING THAT THE APPLICANT WAS EMPLOYED IN THE CAPACITY OF JOURNEYMAN ELECTRICIAN AND THE NUMBER OF YEARS THE APPLICANT WAS SO EMPLOYED. THE LETTER SHALL INCLUDE THE LICENSE NUMBER OF THE EMPLOYER AND WHERE THE LICENSE WAS ISSUED

After passing the exam or approval you will be required to submit the following:

1. Liability Insurance accord in the amounts: one million over two million, Workman's Compensation Insurance, Disability Insurance and any other insurance applicable under New York State Law. **Orange County must be named as a certificate holder.**
2. A license fee according to the schedule:
Orange County residents - \$500.00
New York State residents - \$750.00
Non-residents of New York - \$1500.00
Fee must be in the form of a non-refundable check or money order made payable to Orange County Commissioner of Finance. No cash will be accepted.

ORANGE COUNTY MASTER ELECTRICIAN LICENSE
Application for consideration to take the exam or for grandfathering

According to Local Law #8 of 2007, any person wishing to work as a Master Electrician in Orange County must possess a county issued license.

1. NAME: _____

2. DBA (Doing Business As): _____

3. ADDRESS: BUSINESS: _____

HOME: _____

Email address: _____

4. TELEPHONE : BUSINESS: _____ HOME: _____

CELL: _____

5. SOCIAL SECURITY NUMBER: _____

6. DATE OF BIRTH: _____

7. ARE YOU REQUIRED TO MAKE CHILD SUPPORT PAYMENTS? _____

(WHETHER YES OR NO, CHILD SUPPORT FORM MUST BE FILLED OUT)

BY SIGNING BELOW, THE APPLICANT UNDERSTANDS THAT SUCH APPLICATION IS MADE UNDER PENALTIES OF PERJURY AND FURTHER ATTESTS THAT ALL THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND ANY FALSE OR MISLEADING INFORMATION IS PUNISHABLE AS A CLASS "A" MISDEMEANOR, SECTION 175.30 AND/OR SECTION 210.45 OF THE PENAL LAW AND SHALL MAKE THE APPLICATION NULL AND VOID.

BY SIGNING BELOW, THE APPLICANT AUTHORIZES THE COUNTY OF ORANGE AND THE ELECTRICAL LICENSING BOARD OF THE COUNTY OF ORANGE TO INVESTIGATE THE FACTS SET FORTH IN THE APPLICATION AS REQUIRED TO MAKE A DETERMINATION AS TO THE PERSON'S QUALIFICATIONS FOR AN ELECTRICAL LICENSE.

SIGNATURE _____ DATE _____

* NEW YORK STATE GENERAL OBLIGATION LAW SECTION 3-503 REQUIRES THAT THE ATTACHED DOCUMENT

RELATING TO CHILD SUPPORT THE ATTACHED CHILD SUPPORT FORM BE FILLED OUT AND NOTARIZED.*

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND DRIVER'S LICENSE.

CHILD SUPPORT CERTIFICATION

County of Orange Electrical Licensing Board

LICENSE BEING APPLIED FOR

M A S T E R E L E C T R I C I A N

THIS FORM MUST BE FULLY COMPLETED BY EACH APPLICANT FOR APPLICATION TO BE VALID

Last Name _____

First Name _____

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____
Month Day Year

Home Address _____

City _____ State _____ Zip _____

I, _____ being duly sworn, make the following statement:

- I am **NOT** under a court or administrative order to pay child support, **OR**
- I am under an obligation to pay child support. My child support account number is _____
- County _____ State _____

If you choose the second above, put an "X" in front of the applicable statement:

- I do not owe arrears equal to 4 months or more of child support payments
- I have arrears equal to 4 or more months of child support payments, and one of the following statements applies to me (check the appropriate box)
 - I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding
- I am currently in receipt of Public Assistance or Supplemental Security Income, Case # _____
- I have arrears equal to four months or more of child support payment and none of the above statements apply to me.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this _____ day X _____

Of _____

Signature

Notary Public, State of New York

Date