



DEPARTMENT OF CONSUMER AFFAIRS AND WEIGHTS & MEASURES

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Steven M. Neuhaus

County Executive

WWW.ORANGECOUNTYGOV.COM

ORANGE COUNTY ELECTRICIAN LICENSE RENEWAL

Attn: Licensed Electrician;

The Orange County Electrical License you hold will expire each year at the end of the month of original issue.

You are required to keep track of your renewal date.

Send in the required forms as listed and you will then receive the renewed license.

1. Current and valid proof of Liability Insurance with Orange County named as certificate holder.
2. Proof of Worker's Compensation or a waiver form if you are a sole proprietor.
The waiver can be found at www.wcb.state.ny.us or by calling 877-632-4996.
3. A new signed and notarized Child Support Affidavit. See attached.
4. Renewal fee: \$150 for New York State resident
\$350 for nonresident of New York State
Check or money order made payable to "**Commissioner of Finance**".
No cash or credit card will be accepted.
5. * Proof of successful completion of six hours of **Continuing Education** on the NEC code adopted by NYS (Section 7, subsection E of Local Law No. 8 of 2007) is required every three years. *

Section 7; subsection G of Local Law No. 8 of 2007 establishing the Electrical Licensing requirement states:

Failure of a licensed Electrician to renew such license after fifteen (15) days of the expiration date shall result in a penalty of fifty (\$50) dollars. If renewal is not received within thirty (30) days from the expiration date, it shall result in revocation of the license unless, upon good cause shown, an additional thirty-day extension is granted by the Board.

CHILD SUPPORT CERTIFICATION

County of Orange Electrical Licensing Board

LICENSE BEING APPLIED FOR

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