Application for an Electrical License Check List

_____ Application (10 pages) completed in full by applicant

_____ Child support form

_____ A photocopy of valid government issued photo identification

_____ Attach copies of all electrical licenses

_____ Proof for Grandfather Clause - **EXPIRED 12/31/2022**

We are taking application fee only

_____ Ulster County Resident- $50.00

_____ NYS Resident - $75.00

_____ Non-NYS Resident - $100.00

Fees are only payable by check or money order made out to Ulster County Commissioner of Finance.

Ulster County Electrical Licensing Board

315 Shamrock Lane, Kingston, New York, 12401
Telephone (845) 340-3537, Fax: (845) 340-3113

Jeanne Walsh, Chair
Scott McCarthy, Vice-Chair
Brendan Masterson, Commissioner DPW

Jim Sass
Mike Catalano
John Dispensa
Eric Stewart
Tom Nash

FOR OFFICE USE ONLY

Date Received: _____

Application Fee Rec'd: Y__ N__

1st Exam _____ 2nd Exam _____

APPLICATION FOR AN ELECTRICIAN'S LICENSE

Type of license applied for: _____ Master Electrician Grandfather yes____ no_____ (EXPIRED 12/31/2022)

See attached Schedule of Fees

COMPLETING THIS APPLICATION - Answer all questions fully and carefully. Print neatly and clearly using ink. Do not alter the form. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

APPLICANT / INDIVIDUAL

Name: _____ Phone: _____

Address of Residence: _____ Town: _____

County: _____ State: _____ Zip: _____

Email: _____

CORPORATE OR BUSINESS NAME (D/B/A)

Corporate or D/B/A: _____

Address of Principal Office: _____

Town: _____ City: _____ State: _____ Zip: _____

Individual Supervisor's Name: _____ Phone: _____

Address: _____ Town: _____

County: _____ State: _____ Zip: _____

DESCRIPTION OF EXPERIENCE: Be specific in listing your experience. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor.

EXPERIENCE

Are you self-employed: YES ____ NO _____ If no, name your present employer:

Name: _____ Address: _____

How long have you worked for your present employer or been in your current business:

_____Years _____ Months

What is your present position / title: _____

What responsibilities do you have in your present position / title:

_____

_____

How many years of apprenticeship did you serve in the trade: _____

How many years as a journeyman did you serve in the trade: _____

Have you had practical experience in the electrical field as a supervisor, foreman or superintendent?

YES _____ NO_____ If yes, please describe:

_____

_____

How many workers did/do you have under your supervision: _____ How many apprentices: _____

Have you trained apprentices: YES_____ NO_____

Do you carry any other electrical licenses? If so, name them with appropriate license number: (for all licenses listed, please provide a copy)

_____

_____

_____

Have you ever had an electrical license suspended, revoked, or other action taken and if so, the disposition thereof:

_____

_____

_____

Give the name and address, as well as a description of the work, of five (5) electrical installations performed by you in the last year:

1) Customer Name: _____ Contractor: _____

Customer Address: _____

Type of Work: _____ Value/Cost of Job: _____ Completion Date: _____

Inspecting Agency _____ Inspector's Name _____

2) Customer Name: _____ Contractor: _____

Customer Address: _____

Type of Work: _____ Value/Cost of Job: _____ Completion Date: _____

Inspecting Agency _____ Inspector's Name _____

3) Customer Name: _____ Contractor: _____

Customer Address: _____

Type of Work: _____ Value/Cost of Job: _____ Completion Date: _____

Inspecting Agency _____ Inspector's Name _____

4) Customer Name: _____ Contractor: _____

Customer Address: _____

Type of Work: _____ Value/Cost of Job: _____ Completion Date: _____

Inspecting Agency _____ Inspector's Name _____

5) Customer Name: _____ Contractor: _____

Customer Address: _____

Type of Work: _____ Value/Cost of Job: _____ Completion Date: _____

Inspecting Agency _____ Inspector's Name _____

Give the name of every person, firm or corporation with whom you have been employed for in the past seven (7) years and state the nature of your employment (job title) in the electrical field. Begin with your most recent. (Use additional sheets if needed.)

1) Employer Name: _____ Nature of Employment: _____

Employer Address: _____

Your Title: _____ Length of Employment (From/To Dates) _____

2) Employer Name: _____ Nature of Employment: _____

Employer Address: _____

Your Title: _____ Length of Employment (From/To Dates) _____

3) Employer Name: _____ Nature of Employment: _____

Employer Address: _____

Your Title: _____ Length of Employment (From/To Dates) _____

4) Employer Name: _____ Nature of Employment: _____

Employer Address: _____

Your Title: _____ Length of Employment (From/To Dates) _____

If your present employer is a firm or corporation, give the name and position of the person connected with the firm or corporation who is your immediate supervisor and to whom the Board may refer to for information concerning you.

Name_____

Position_____

Phone_____

EDUCATION

For College, University, Technical, Professional and other schools or special courses, please provide copies of transcripts or certificates.

School Attended _____ Course/Major _____

Degree/Certification _____ Year Graduated/Earned _____

School Attended _____ Course/Major _____

Degree/Certification _____ Year Graduated/Earned _____

School Attended _____ Course/Major _____

Degree/Certification _____ Year Graduated/Earned _____

School Attended _____ Course/Major _____

Degree/Certification _____ Year Graduated/Earned _____

REFERENCES

List names of two individuals NOT related to you, or your trade that this board may obtain information concerning you and your trade experience.

Name _____

Address _____

Phone _____ E-Mail _____

Occupation _____

Name _____

Address _____

Phone _____ E-Mail _____

Occupation _____

GENERAL INFORMATION

Are you a member of any trade organization or association? YES_____ NO_____

If yes, please list: _____

_____

_____

Have you ever been convicted of a crime other than a traffic violation? YES_____ NO_____

If yes, please explain: _____

_____

_____

CHILD SUPPORT CERTIFICATION

Are you required to make child support payments? YES_____ NO____
(Whether "yes" or "no", the attached 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 ULSTER AND THE ELECTRICAL LICENSING BOARD OF THE COUNTY OF ULSTER 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___/___/_____

PRINT NAME_____ SOCIAL SECURITY NUMBER_____-____-_____

* NEW YORK STATE GENERAL OBLIGATIONS LAW SECTION 3-503 REQUIRES THAT THE ATTACHED DOCUMENT RELATING TO CHILD SUPPORT 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.

AFFADAVIT

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I WILL SAVE THE COUNTY OF ULSTER AND ITS OFFICIALS HARMLESS FROM ANY LIABILITY FOR INJURY OR DAMAGE TO PERSONS OR PROPERTY FOR THE ISSUANCE OF ANY LICENCES, PERMITS OR PRIVILAGES GRANTED.

_____ _____
APPLICANT'S SIGNATURE (must sign in front of a notary) Date

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF NEW YORK
COUNTY OF ULSTER

On this _____ day of _____ in the year 20____, before me, _____, Personally Appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual executed the instrument.

_____
Notary Public

For Ulster County Office Use Only:

The Ulster County Board of Electrical Licensing hereby (grants) (denies) the license applied for in this application.

Reason for denial: _____

_____

_____

_____ _____
Chairman'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

NEW YORK STATE OF OPPORTUNITY | Department 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.

Applicant's Information

Last name:_____ First name:_____ Middle initial:____

Social Security number:_____

The type of license/certificate requested:_____

Business:_____ Title:_____

Certification

Are you under an obligation to pay child support? If yes, complete items 1 - 4.	☐ Yes	☐ No
1. I am making payments in accordance with a plan agreed upon by the parties.	☐ Yes	☐ No
2. I am four months or more behind in the payment 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 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:_____

Ulster County Electrical Licensing Board

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SCHEDULE OF FEES – ELECTRICAL BOARD

(Adopted by Local Law No. 3 of 2019 & Electrical Licensing Board's Rules and Regulations)

All Fees Are Payable in Check Only

	U.C. Resident	NYS Resident	Non- NYS Resident
Application Fee	$ 50.00	$ 75.00	$ 100.00
Exam Fee	$ 125.00	$ 125.00	$ 125.00
Decal Fee (each, first one is free)	$ 10.00	$ 10.00	$ 10.00
Master Electrician License Fee (Subject to Exam)	$ 150.00	$ 750.00	$ 1,500.00
Grandfathered Master Electrician License Fee	$ 150.00	$ 750.00	$ 1,500.00
Master Electrician Renewal Fee (Per Year) *All renewals subject to proof of refresher course within 12 months	$ 75.00	$ 75.00	$ 350.00
Late Fee (15 days after, Revocation after 30 days)	$ 50.00	$ 50.00	$ 50.00
Master Electrician License Shelving Fee	$ 50.00	$ 50.00	$ 50.00
Masters Certificate of Name Change Fee	$ 150.00	$ 150.00	$ 150.00
Initial Reciprocal Master Electrical License Fee	n/a	$ 500.00	$ 500.00
Reciprocal Master Electrical License Renewal *Per year in continuity	n/a	$ 200.00	$ 200.00

Failure to Comply Can Result in a Civil Penalty of $1,000.00 and/or Imprisonment of 15 days.