

Instructions For Completion of Temporary Electrical License

Please be advised that this temporary license shall expire at the earlier of December 31 of the year in which the license was issued or the date that the job is completed; provided, however, that, upon request by the licensee, the Board may renew such a temporary license for additional one-year periods or until the job shall be completed, whichever period is shorter.

Please send check for \$300.00 Temporary License fee made payable to:
Sullivan County Electrical Licensing Board

Required:

1. Description, location and type of job.
2. Current Certificate of Liability Insurance.
3. List of current employees and proof of Worker's Compensation Insurance.
4. A copy of your current license from respective agency:
Greene County, NY; City of: Kingston, Newburgh, Poughkeepsie, Troy, & Binghamton

Submit all paperwork to:

Sullivan County Electrical Licensing Board
Sullivan County Government Center
P.O. Box 5012
100 North Street
Monticello, NY 12701
845-807-0512

Date application received by ELB ____/____/____

Date license fee received ____/____/____ Check # ____

License issued # _____

APPLICATION FOR AN ELECTRICIAN'S LICENSE
SULLIVAN COUNTY ELECTRICAL LICENSING BOARD

one (1)
1 1/2" x 1 1/2"
Photographs
taken within
thirty (30)
days of
application

Type of license applied for:

____ Temporary License - \$300.00

JOB LOCATION:

INDIVIDUAL

Name: _____ Phone: ____ - ____ - ____

Address: _____ Town: _____

County: _____ State: _____ Zip: _____

Email: _____

CORPORATE OR BUSINESS NAME (D/B/A)

Corporate of D/B/A: _____

Address of Principal Office: _____

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

Individual Supervisor's Name: _____ Phone: ____ - ____ - ____

Address: _____ Town: _____

County: _____ State: _____ Zip: _____

CERTIFICATE

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I WILL SAVE THE COUNTY OF SULLIVAN 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.

Dated: ____/____/____

Signature of Applicant

STATE OF NEW YORK)
)ss.:
COUNTY OF

On the _____ day of _____ in the year _____, before me, the undersigned, 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 Office Use Only

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

Reason for denial: _____

Date: ____/____/____

Chairman