



Westchester County Department of Consumer Protection
Westchester County Electrical Licensing Board
148 Martine Avenue, Room 407
White Plains, NY 10601
914-995-2155
consumer.westchestergov.com

ELECTRICAL INSPECTOR LICENSE APPLICATION

- 1) Applicant Name: _____ Date of Birth: _____
2) Home Street Address: _____ Apartment/Suite#: _____
3) City: _____ State: _____ Zip: _____
4) Home Phone: _____ Cell Phone: _____ Email: _____
5) Business/Employer Name: _____ Title: _____
6) Business Street Address: _____ Unit/Suite#: _____
7) City: _____ State: _____ Zip: _____
8) Business Phone: _____ Email: _____
9) Westchester County Master Electrician License # _____ Status: Shelved () Current ()
10) Do you presently hold a license in any other municipality?: Yes () No ()
Where/License #? _____
11) Have you ever had a professional, occupational or trade license revoked, denied or suspended? Yes () No ()
If yes, please explain: _____
12) Have you ever been convicted of a crime? Yes () No ()
(If yes, please attach documentation including the certificate of disposition, nature, jurisdiction and year.)

****Before you sign, review the attached instruction sheet for further information****

I certify that the information on this form and all supporting documentation is true and accurate. I understand that any incomplete, inaccurate or false information may cause my application to be delayed, denied or revoked and my application will not be accepted by this office until such time as any and all deficiencies have been corrected.

APPLICANT SIGNATURE

PRINT APPLICANT NAME

DATE

Subscribed and sworn to me this _____ Day of _____, 20 _____

In the State of _____ County of _____

Affix Seal:

Signature of Notary Public

APPROVED BY: _____ ISSUED BY: _____ LICENSE # _____ YEAR: _____



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PLEASE MAIL YOUR COMPLETED APPLICATION DOCUMENTS TO THE ABOVE ADDRESS

1. A completed, signed and notarized **Electrical Inspector License** application.
2. **Step 1:** Initial Application fee of \$50.00 payable to "Westchester County General Fund". Payments may be made by check, money order or credit card. Cash payments will not be accepted.
3. **Step 2:** Upon notification that your application has been approved by the Board, an **Annual License fee** of \$500.00 payable to "Westchester County General Fund" is required in order to receive your Electrical Inspector license. Payments may be made by check, money order or credit card. Cash payments will not be accepted.
4. Proof of at least one of the following Independent Alliance of the Electrical Industry (IAEI) certifications: **Certified Electrical Inspector-Residential** or **Certified Electrical Inspector-Master**. All certifications must be current and in good standing.
5. Proof that you possess a current shelved Westchester County Master Electrician License.
6. Liability Insurance in the minimum amount of \$1,000,000 naming the Westchester County Department of Consumer Protection 148 Martine Avenue, Room 407 White Plains, NY 10601 as Certificate Holder and Additional Insured. You must include the following statement: "**Certificate Holder is an additional insured on a primary non-contributory basis for the purpose of issuing licenses or permits.**" You must list any job related exclusions including, but not limited to, action over coverage for ladder and scaffolding work.
7. **(1)** NYS Workers' Compensation Insurance Certificate (Form C-105.2 or U-26.3) **AND (2)** NYS Disability Insurance Certificate (Form DB-120.1 or DB-155). Each certificate must name the Westchester County Department of Consumer Protection 148 Martine Avenue, Room 407 White Plains, NY 10601 as the certificate holder.
8. If you are eligible, you may submit the NYS Certificate of Attestation of Exemption from Workers' Compensation and/or Disability Benefits (Form CE-200) as a substitute for **item #7** above. Please contact the NYS Workers Compensation Board online at www.wcb.ny.gov. This form must reflect your exact business name. This form must be signed and dated prior to acceptance by this office.
9. Proof of Business Name: Business Certificate, Partnership Certificate, Corporation or LLC Filing Receipt, Certificate of Authority (out of state corporations only) and/or Certificate of Assumed Name.
10. Proof that you are an owner, officer, or partner of the company or you must provide a notarized letter, on company letterhead, from the company president or owner stating your job title and that you are either a full or part-time salaried employee.
11. NYS law requires each applicant to complete a **Child Support Certification** form regardless of your obligation. This form must be signed and notarized prior to acceptance by this office.
12. One form of photo identification: (example: driver's license, non-driver ID, passport)

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Child Support Certification

Westchester County Office of Child Support Enforcement

Department of Consumer Protection

LICENSE BEING APPLIED FOR – HOME IMPROVEMENT LICENSE

THIS FORM MUST BE FULLY COMPLETED BY APPLICANT TO BE VALID

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

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

(Choose 1 or 2, and put an "X" in the box in front of whichever is appropriate)

- ☐ 1. I am not under a court or administrative order to pay child support. OR
☐ 2. I am under an obligation to pay child support. My child support account number is: _____

(If you chose #2, put an "X" in front of the applicable statement)

- ☐ A. I do not owe arrears equal to 4 months or more of child support payments.
☐ B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me
(check the appropriate boxes):
☐ 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. My case number is: _____
☐ C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" 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 _____ Date: _____
of _____, _____
APPLICANT SIGNATURE

Notary Public Signature

State of _____

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/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

- ☐ Information verified, or status of case unknown to OCSE. ☐ Information is at variance with OCSE records.

Verifying Section & Supervisor: _____ Date: _____

NOTICE

If you are experiencing difficulties obtaining a Westchester County license or permit because of an outstanding child support problem, and you are making support payments through the Support Collection Unit of the Westchester County Office of Child Support Enforcement, you may receive assistance in resolving your problem by contacting:



The Westchester County Office of Child Support Enforcement

100 East First Street, 5th Floor
Mount Vernon, New York 10550
1 (888) 208-4485

Westchester County
Department of Consumer Protection
148 Martine Avenue, Room 407
White Plains, NY 10601
914-995-2657
consumer.westchestergov.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Consumer Protection to make a one-time charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the date this form is submitted to the Westchester County Department of Consumer Protection. **Transactions will appear on your statement as "Consumer Protection Online".**

Please Complete the Information Below

I _____ License# _____

License Type: _____ authorize the **Westchester County**

Department of Consumer Protection to charge the credit card account indicated below

for the amount of \$ _____ (USD).

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Print Cardholder Name (as it appears on card) _____

Account Number _____ Security Code _____

Expiration Date _____ Account Billing Zip Code _____

CARDHOLDER SIGNATURE _____ DATE _____

Cardholder acknowledges receipt of goods and/or a service in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer.