



## **ELECTRICAL AND PLUMBING TRADES DOCUMENT REQUEST AND CHANGE OF ADDRESS NOTIFICATION**

License Type: ☐ Master Plumber ☐ Restricted Master Plumber ☐ Journey-Level Certificate  
(CHECK ONE) ☐ Master Electrician ☐ Special Electrician ☐ Electrical Inspector

\_\_\_\_\_  
(name of license holder) License# \_\_\_\_\_

\_\_\_\_\_ is requesting the following:  
(company name)

- ☐ Replacement License Card (no fee)
- ☐ Certified Copy of License (no fee)
- ☐ Additional or Replacement Vehicle Decals- # of Decals \_\_\_\_\_  
(Include Check, Money Order or Credit Card in the amount of **\$5.00 for each decal** payable to "Westchester County General Fund")
- ☐ Change of Home Address, Phone Number or Email  
(Must supply (1) proof of new address - Driver's License, Utility Bill, Mortgage Statement, Lease or Rental Agreement)

- ☐ Change of Business Address, Phone Number or Email

\_\_\_\_\_  
(signature of license holder)

\_\_\_\_\_  
(date)

**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".**

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**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.***