

Sullivan County Board of Electrical Licensing

Sullivan County Government Center
100 North Street, P.O. Box 5012
Monticello, NY 12701
845-807-0512
www.sullivanny.us

Dear Electrical Licensee:

Enclosed please find your 2025 Sullivan County Electrician's renewal application. **Please complete and sign the application and return by January 1, 2025** to the above address, along with the following information:

- 1) Copy of 2025 Certificate of Liability Insurance with a limit of at least \$500,000.
- 2) Copy of 2025 Worker's Compensation Insurance if you have employees. If you do not have employees you MUST submit a WC Exemption form CE-200 found at www.wcb.ny.gov.
- 3) Copy of your driver's license.
- 4) Copies of your 6 hours of Continuing Education completed in **2024**.
- 5) Check made payable to "Sullivan County Electrical Licensing Board" in the amount of the appropriate fee - \$200 for Master, \$100 for Limited or Journeyman, or \$50 for Special.

IF 1-5 ARE NOT ATTACHED,
YOUR RENEWAL WILL NOT
BE PROCESSED.

Complaints involving unlicensed electricians performing work in Sullivan County should be made in writing to this office and an investigation into the circumstances will be done. Issues involving quality of work will be referred to the appropriate town or village code enforcement officer.

If you should have any questions, please do not hesitate to contact me at 845-807-0512.

Very truly yours,

Electrical Licensing Board

Enc.

PLEASE COMPLETE AND RETURN

Sullivan County Board of Electrical Licensing

100 North Street, P.O. Box 5012

Monticello, NY 12701

(845) 807-0512

www.sullivanny.us

APPLICATION FOR RENEWAL OF ELECTRICAL LICENSE 2025

I hereby apply for renewal of a (MASTER) (LIMITED) (JOURNEYMAN) (SPECIAL) License and declare that the following statements are true and correct.

Print Name of Applicant: _____ License#
M _____ \$ 200.00
L _____ \$ 100.00
J _____ \$ 100.00
S _____ \$ 50.00
Address: _____
Email Address: _____

Home Telephone Number: ____ / ____ / ____ or Cell Telephone Number: ____ / ____ / ____

Name of Business: _____ Self-employed: Yes: ____ No: ____

Business Address: _____ Number of Vehicle stickers ____

Business Phone: ____ / ____ / ____

Employee List: **If NONE, ENTER NONE BELOW.** Please attach additional sheet if necessary.

If you add or delete employees during the year, you must notify the S.C. Board of Electrical Licensing

Name	Job Description (Master, Apprentice or Journeyman)	Address	Phone

PLEASE ATTACH THE FOLLOWING:

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PLEASE DO NOT FORGET TO SIGN BELOW

Signature: _____

Date: ____ / ____ / ____