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.gov

Dear Electrical Licensee:

Enclosed please find your 2027 Sullivan County Electrician's renewal application. **Please complete and sign the application and return by January 1, 2027** to the above address, along with the following information:

1) Copy of 2027 Certificate of Liability Insurance with a limit of at least $500,000.

2) Copy of 2027 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 **2026**.

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.

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.gov

APPLICATION FOR RENEWAL OF ELECTRICAL LICENSE 2027

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: _____

Address:_____

Email Address:_____

License#
M_____ $ 200.00
L_____ $ 100.00
J_____ $ 100.00
S_____ $ 50.00

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:

1) **Copy of 2027 Certificate of Liability Insurance with a limit of at least $500,000.**
2) **Copy of 2027 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 2026.**
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.**

PLEASE DO NOT FORGET TO SIGN BELOW

Signature: _____ Date: _____/_____/_____