



Office of Consumer Protection

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Director and Public Advocate

**ANNUAL ROSTER OF ELECTRICAL INSPECTORS
ELECTRICAL INSPECTION AGENCY**

As part of the annual license renewal process, the **Chief Electrical Inspector** must submit an updated list of all Electrical Inspectors employed by the agency. Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.

Inspection Agency Information:

License Number: _____ Business Name: _____

Chief Electrical Inspector's Full Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Business Email: _____ @ _____ .com

Note: Email address must be **legible, accurate and regularly monitored** as it will be used to create your online profile. You will receive important notifications regarding your license via email.

Electrical Inspectors Roster:

NAME	RESIDENCE ADDRESS	PHONE NUMBER	EMAIL ADDRESS

NOTE: Attach this form to your renewal packet. Refer to online renewal instructions for required documentation for both the Chief Electrical Inspector and Electrical Inspectors.

I, the undersigned Chief Electrical Inspector, certify that the information provided on this form is true, complete, and accurate to the best of my knowledge.

Signature of Chief Electrical Inspector

Date