

**CITY OF PORT JERVIS, NEW YORK
BUILDING DEPARTMENT
14-20 HAMMOND STREET
P.O. BOX 1002
PORT JERVIS, NEW YORK 12771**

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**RULES AND REGULATIONS FOR THE CONDUCT OF EXAMINATION FOR PLUMBER'S
LICENSE**

SECTION 1.)

IN ORDER TO BE ELIGIBLE TO TAKE AN EXAMINATION, THE CANDIDATE FOR A MASTER PLUMBER'S LICENSE MUST SUPPLY SATISFACTORY PROOF (COPIES OF W-2'S, PAYCHECK STUB, ETC) TO THE BOARD OF PLUMBING EXAMINERS OF ONE OF THE FOLLOWING:

- A) FIVE YEARS APPRENTICESHIP UNDER A DULY QUALIFIED, NEW YORK STATE PLUMBER; OR:**
- B) TWO YEARS IN AN ACCEPTED PLUMBING TRADE SCHOOL OR THE EQUIVALENT AND TWO YEARS AS AN APPRENTICE UNDER A DULY QUALIFIED, NEW YORK STATE PLUMBER; OR:**
- C) A CERTIFICATE BY A SERVICE-CONNECTED TRADE SCHOOL FOR PLUMBER'S, PLUS A MINIMUM OF TWO YEARS OR MORE AS AN APPRENTICE UNDER A DULY QUALIFIED NEW YORK STATE LICENSED, PLUMBER OR SUCH LENGTH OF THE TIME AS AN APPRENTICE AS MAY BE DETERMINED BY THE BOARD.**

SECTION 2.)

APPLICANTS SHALL SECURE AN APPLICATION FROM THE BUILDING OFFICIAL'S OFFICE. UPON PAYMENT OF \$100.00 EXAMINATION FEE, THE APPLICANT WILL BE REVIEWED AT THE NEXT REGULAR MONTHLY MEETING OF THE BOARD OF BOARD OF EXAMINING PLUMBER'S, WHICH MEETS THE FIRST WEDNESDAY OF EACH MONTH. ONCE THE BOARD HAS APPROVED THE APPLICANT TO TAKE THE EXAMINATION, THE APPLICANT WILL BE NOTIFIED OF SAME AND A CONVENIENT EXAMINATION DATE WILL BE ARRANGED.

SECTION 3.)

THE APPLICANT WILL BE NOTIFIED AS TO THE RESULTS OF THE EXAMINATION WITHIN TEN DAYS AFTER REVIEW OF THE BOARD OF EXAMINING PLUMBER'S AT THEIR REGULAR SCHEDULED MEETING.

FOR BOARD USE ONLY

DATE APPLICATION RECEIVED _____

DATE FEE RECEIVED _____

APPLICATION FEE _____ \$300.00 _____

INTERVIEW DATE _____

FIRST EXAM _____ %ISSUED _____

SECOND EXAM _____ %ISSUED _____

LICENSE NO. ISSUED _____

DATE LICENSE ISSUED _____

PLACE A 1 ½" X 1 ½ " PHOTOGRAPH TAKEN WITHIN THIRTY (30) DAYS OF DATE OF APPLICATION HERE

FOR BOARD USE ONLY

THE BOARD OF EXAMINING PLUMBER;S HEREBY GRANTS OR DENIES THE LICENSE APPLIED FOR IN THIS APPLICATION.

PLUMBING BOARD CHAIRMAN

APPLICATION FOR A MASTER PLUMBER'S LICENSE
CITY OF PORT JERVIS, NEW YORK

FOR INDIVIDUAL:

NAME: _____

ADDRESS: _____

TOWN: _____ COUNTY: _____ ZIP: _____

TELEPHONE NO.: _____

FOR CORPORATE OR ASSUMED NAME:

CORPORATE OR ASSUMED NAME: _____

PRINCIPLE OFFICE ADDRESS: _____

TOWN: _____ COUNTY: _____ ZIP: _____

INDIVIDUAL SUPERVISOR'S NAME: _____

TELEPHONE NO.: _____

FOLLOWING INFORMATION TO BE SUPPLIED FOR INDIVIDUAL WHO WILL HOLD LICENSE OR IS TO BE NAMED SUPERVISOR:

- 1) **DATE AND PLACE OF BIRTH:** _____
- 2) **ARE YOU A CITIZEN OF THE UNITED STATES?** _____
- 3) **EDUCATION: INCLUDE DOCUMENTS TO SUBSTANTIATE THE BELOW WITH APPLICATION:**

SCHOOLS ATTENDED (GRAMMER, HIGH, COLLEGE, TRADE SCHOOL OR OTHER TECHNICAL TRAINING).	LENGTH OF ATTENDANCE	DID YOU GRADUATE?	DEGREE EARNED

- 4) **PRESENT EMPLOYER (IF SELF-EMPLOYED, STATE SO)** _____
EMPLOYER ADDRESS AND PHONE NO. _____

- 5) **EXACTLY WHAT WORK DO YOU DO IN YOUR PRESENT POSITION?** _____
HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER OR BEEN SELF-EMPLOYED? _____

- 6) **IF YOUR PRESENT EMPLOYER IS A FIRM OR CORPORATION, GIVE THE NAME AND POSITION OF THE PERSON CONNECTED WITH THE FIRM OR CORPORATION WHO IS YOUR IMMEDIATE SUPERIOR AND TO WHOM THE BOARD MAY REFER FOR INFORMATION CONCERNING YOU. (IF YOU ARE A PRINCIPLE IN YOUR OWN BUSINESS, LIST ALL OTHER PRINCIPLES.)**

- 7) **GIVE THE NAME AND ADDRESS OF EVERY PERSON, FIRM, OR CORPORATION BY WHOM YOU HAVE BEEN EMPLOYED FOR THE PAST FIVE (5) YEARS AND STATE THE NATURE OF YOUR EMPLOYMENT IN EACH CASE. APPLICANT MUST INCLUDE PROOF OF EMPLOYMENT WITH APPLICATION. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)**

NAME AND ADDRESS OF EMPLOYER	NATURE OF EMPLOYMENT	LENGTH OF EMPLOYMENT

- 8) **HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?** _____

A) IF YES, PLEASE
EXPLAIN _____

- 9) GIVE NAME, ADDRESS, PHONE NO., AND OCCUPATION OF TWP PEOPLE, WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE, TO WHOM THE PLUMBING BOARD MAY APPLY FOR INFORMATION CONCERNING THE APPLICANT.

NAME _____ OCCUPATION _____

ADDRESS & PHONE # _____

NAME _____ OCCUPATION _____

ADDRESS & PHONE # _____

- 10) HOW MANY YEARS OF APPRENTICESHIP DID YOU SERVE IN THE TRADE? _____
WHERE? _____

- 11) HOW MANY YEARS DID YOU SERVE AS A JOURNEYMAN IN THE TRADE? _____
WHERE? _____

- 12) HAVE YOU HAD PRACTICAL EXPERIENCE IN THE PLUMBING FIELD AS A
SUPERVISOR, FOREMAN OR SUPERINTENDENT?

IF YES, LIST WHERE: _____

HOW MANY MEN DID YOU HAVE UNDER YOUR SUPERVISION? _____

HOW MANY APPRENTICES WERE UNDER YOUR SUPERVISION? _____

DID YOU TRAIN APPRENTICES? _____

- 13) ARE YOU A MEMBER OF ANY TRADE ORGANIZATION OR ASSOCIATION? _____

IF YES, PLEASE GIVE NAME: _____

DATE SIGNED _____ SIGNATURE OF APPLICANT: _____

INDIVIDUAL NOTARIZATION

STATE OF _____)

COUNTY OF _____) SS:

ON THIS _____ DAY OF _____, 19____, BEFORE ME PERSONALLY CAME ____
_____ TO ME KNOWN AND KNOWN TO ME TO BE THE INDIVIDUAL _____

DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND _____ DULY
ACKNOWLEDGED TO ME THAT EXECUTED SAME.

NOTARY PUBLIC

CORPORATE NOTARIZATION

STATE OF _____)

COUNTY OF _____) SS:

ON THIS _____ DAY OF _____, 19____, BEFORE ME PERSONALLY CAME ____
_____ SWORN DID DISPOSE AND SAY THAT HE/SHE RESIDES AT _____;

THAT HE/SHE IS THE _____, OF THE _____ THE CORPORATION
DESCRIBED IN AND WHICH EXECUTED THE ABOVE INSTRUMENT; THAT HE/SHE KNOWS THE SEAL
AFFIXED TO SAID BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THAT
HE/SHE SIGNED HIS/HER NAME THERETO BY LIKE ORDER.

NOTARY PUBLIC