



CITY OF BEACON
New York
Building Department

Application for Examination
For Master Plumber License

I hereby apply for examination for certificate of competency and, in compliance with provisions of the New York State Uniform Fire Prevention, Building Code and the Code of the City of Beacon.

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____ Email: _____

Name of Present Employer: _____ Present Occupation: _____

Have you ever been approved to take this exam before? : Yes () No () When? _____

Have you ever been licensed by this department before? : Yes () No () When/License #? _____

List your occupation and the names and addresses of your employers during the past ten (10) years:

<u>Occupation</u>	<u>from mo. & yr.</u>	<u>to mo.& yr.</u>	<u>Employer & Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I now hold or have held licenses (Plumbing) issued by the following municipalities (give date of issuance):

One Municipal Plaza ~ Suite I, Beacon, New York 12508

Phone: 845-838-5020

Fax: 845-838-5026

Email: building@beaconny.gov

Attached hereto and made part hereof is evidence in writing that I have had at least seven years' experience as a journeyman Plumber. Such evidence consisting of W-2 Forms, Business Tax Returns showing profit and loss (if self-employed), Notarized Business Records, Notarized Statements of hours worked from Benefit Funds on fund letterhead, 1040 Forms, Notarized statements and letters from employers on company letterhead, Certified copies of licenses held. Notarized letter(s) from one or more licensed plumbers, on company letterhead, confirming that the applicant was employed in the capacity of journeyman plumber and the number of years the applicant was employed letters, affidavits or other written papers or documents signed or verified by your employers and/or persons, firms or corporations for whom you have performed major plumbing work as a self-employer or independent contractor. (List names of all master plumbers, whose letters, affidavits or other written evidence are attached, by whom you have been employed as a journeyman plumber (not an apprentice) with dates of employment by month and year. Educational credits directly associated with advanced plumbing technology may be substituted for up to two years of above requirements.

Master Employing Plumbing _____ Year & Month to _____ Year & Month

Institution _____ Year & Month to _____ Year & Month

I certify that the information on this form and all supporting documents are true and accurate. I understand that any incomplete, inaccurate or false information may cause my application to be delayed or denied and my application will not be accepted by this office until such time as any and all deficiencies have been corrected.

Signature of Applicant

Sworn to before me this _____ day
Of _____ 20 _____

Notary Public

FEE: \$50.00