



**CITY OF PORT JERVIS**  
BUILDING DEPARTMENT  
14-20 HAMMOND STREET; P.O. BOX 1002  
PORT JERVIS, NEW YORK 12771  
TELEPHONE: (845) 858-4080  
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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 RECEIVED \_\_\_\_\_ APPLICATION \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ FEE \_\_\_\_\_

APPLICATION FEE \_\_\_\_\_ \$100.00 \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_

FIRST EXAM \_\_\_\_\_ %ISSUED \_\_\_\_\_

SECOND EXAM \_\_\_\_\_ %ISSUED \_\_\_\_\_

LICENSE NO. ISSUED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ LICENSE \_\_\_\_\_

PLACE A 1 1/2" X 1 1/2 " 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.

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 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 TWO 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