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 \$300.00 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	PHOTOGRAPH TAKEN WITHIN THIRTY (30) DAYS OF DATE OF APPLICATION HERE					
FOR BOARD USE ONLY THE BOARD OF EXAMINING PLUMBER;S HEREBY O THIS APPLICATION.	GRANTS OR DENIES THE LICENSE APPLIED FOR IN PLUMBING BOARD CHAIRMAN					
APPLICATION FOR A MASTER PLUMBER'S LICENSE CITY OF PORT JERVIS, NEW YORK						
FOR INDIVIDUAL: NAME: ADDRESS: TOWN: COUNTELEPHONE NO.:	NTY:ZIP:					
FOR CORPORATE OR ASSUMED NAME: CORPORATE OR ASSUMED NAME: PRINCIPLE OFFICE ADDRESS:						
TOWN:COUNT	Y:ZIP:					

TELEPHONE NO.:__

1)	DATE AND PLACE OF BIRTH:						
ŕ	2) ARE YOU A CITIZEN OF THE UNITED STATES?						
3)	EDUCATION: INCLUDE DOCUMENTS TO SUBSTANTIATE THE BELOW WITH APPLICATION:						
	ATTENDED (GRAMMER, HIGH, COLLEGE, LENGTH OF DID YOU CHOOL OR OTHER TECHNICAL TRAINING). ATTENDANCE 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 SEI EMPLOYED?						
6)	IF YOUR PRESENT EMPLOYER IS A FIRM OR CORPORATION, GIVE THE NAME A POSITION OF THE PERSON CONNECTED WITH THE FIRM OR CORPORATION WI YOUR IMMEDIATE SUPERIOR AND TO WHOM THE BOARD MAY REFER FOR INFORMATION CONCERNING YOU. (IF YOU ARE A PRINCIPLE IN YOUR OWN BLIST ALL OTHER PRINCIPLES.)	HO IS					
7)	GIVE THE NAME AND ADDRESS OF EVERY PERSON, FIRM, OR CORPORATION BY YOU HAVE BEEN EMPLOYED FOR THE PAST FIVE (5) YEARS AND STATE THE NAYOUR EMPLOYMENT IN EACH CASE. APPLICANT MUST INCLUDE PROOF OF EMPLOYMENT WITH APPLICATION. (ATTACH ADDITIONAL SHEETS IF NECESS	ATURE OF					
	D ADDRESS OF NATURE OF EMPLOYMENT LENGTH OF EMPLOYMENT EMPLOYMENT						

8)	HAVE YOU EVE	HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?					
	A) IF YES, P EXPLAIN	PLEASE N					
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 & F	PHONE #					
	NAME	OCCUPATION					
	ADDRESS & F	PHONE #					
10)	0) HOW MANY YEARS OF APPRENTICESHIP DID YOU SERVE IN THE TRADE? WHERE?						
11)	HOW MANY YEA WHERE?	ARS DID YOU SERVE AS A JOURNEYMAN IN THE TRADE?					
12)		PRACTICAL EXPERIENCE IN THE PLUMBING FIELD AS A FOREMAN OR SUPERINTENDENT?					
	IF YES, LIST WHI	ERE:					
	HOW MANY MEN	N DID YOU HAVE UNDER YOUR SUPERVISION?					
	HOW MANY APPRENTICES WERE UNDER YOUR SUPERVISION?						
	DID YOU TRAIN	APPRENTICES?					
13)	ARE YOU A MEM	IBER OF ANY TRADE ORGANIZATION OR ASSOCIATION?					
	IF YES, PLEASE O	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 K	NOWN AND KNO	OWN TO ME	TO BE	THE INDIVIDUAL
DESCRIBED IN AND WHO ACKNOWLEDGED TO ME			NG INST	RUMENT, ANDDULY
			_	NOTARY PUBLIC
CORPORATE NOTARIZAT	<u>CION</u>			
STATE OF		_)		
COUNTY OF		_) SS:		
ON THISI	OAY OF	, 19_	, В	EFORE ME PERSONALLY CAME
S	WORN DID DISPO	OSE AND SA	Y THAT	HE/SHE RESIDES AT
THAT HE/SHE IS THE		OF THE	TA COMPANY	THE CORPORATION
				MENT; THAT HE/SHE KNOWS THE SEAL S OF SAID CORPORATION, AND THAT
HE/SHE SIGNED HIS/HER				3 OF SAID CORI ORATION, AND THAT
			_	
				NOTARY PUBLIC