



CITY OF NIAGARA FALLS, NEW YORK

APPLICATION FOR A MASTER PLUMBER'S LICENSE

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND IN DETAIL

This Application Shall be on File at the Office of This Board at Least 60 Days Previous to Date of Examination

REQUIRED WHEN APPLICATION IS SUBMITTED NO LATER THAN JULY 31:

1. APPLICATION FEE - \$70.00 - MAKE CHECK PAYABLE TO **CITY CONTROLLER**.
2. EXAMINATION FEE - \$200.00 - MAKE CHECK PAYABLE TO THE **CITY CONTROLLER** AFTER THE BOARD APPROVES YOUR APPLICATION.
3. BACKUP DOCUMENTATION MUST BE ATTACHED TO APPLICATION FOR ALL WORK EXPERIENCE LISTED ON APPLICATION
4. MAIL APPLICATION TO: CITY OF NIAGARA FALLS, DEPARTMENT OF CODE ENFORCEMENT, P.O. BOX 69, NIAGARA FALLS, NY 14302, TELEPHONE: 716-286-4450

Name _____ Phone _____ Date _____

Residence Address _____
Street No. City State Zip

Mailing Address _____
Street No. City State Zip

Email Address: _____

Present Employer _____

Address of Employer _____

Other Master Plumber Licenses _____
(Attach copies of Master Plumber Licenses)

The handwriting of this application is my own, except the signature and official title of the officer who takes my oath hereto.

Sworn to before me, this _____

day of _____ 20__

(Signature) _____

Niagara Falls, NY _____

(date)

Received from _____ the sum of seventy dollars a fee for examination before the Board of Examiners of Plumbers and Plumbing.

Secretary

SPACE BELOW RESERVED FOR BOARD

PLUMBING EMPLOYMENT RECORD (OR ATTACH A COPY OF YOUR RESUME)

(List most recent experience first – must prove at least 10 years of experience in the plumbing trade –
5 years as a Journeyman Plumber)

	DATES EMPLOYED		TYPE OF PLUMBING WORK
	FROM MONTH YEAR	TO MONTH YEAR	
IMPORTANT: Unless complete address of employer is given, it is impossible to properly process your application and may cause delay.			
PREVIOUS & PRESENT EMPLOYERS			
Name			
Address			
Contact Person			
Phone Number			
<hr/>			
Name			
Address			
Contact Person			
Phone Number			
<hr/>			
Name			
Address			
Contact Person			
Phone Number			
<hr/>			
Name			
Address			
Contact Person			
Address			
IF THIS APPLICATION IS APPROVED BY THE BOARD, YOU WILL BE NOTIFIED WHEN TO TAKE YOUR EXAMINATION			

I hereby swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

