



# TOWN of CHEEKTOWAGA

## Application for the

## Master Plumber's License Exam

The examination fee of \$150.00 and two identifying photographs (1 ½ by 1 ½ inches in size) must accompany this application and be submitted to the Building and Plumbing Office at 275 Alexander Avenue, second floor.

Date of Application: \_\_\_/\_\_\_/20\_\_\_

Received By: \_\_\_\_\_

\$150.00 Fee Paid:  YES  NO

Photos:  YES  NO

### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_ Home Phone No: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/19\_\_\_ Are you currently operating a Plumbing or Sewer Contracting Business?  YES  NO

If Yes Name of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### EDUCATION and TRAINING

| <u>SCHOOL</u> | <u>CITY /TOWN /VILLAGE</u> | <u>YEARS</u> | <u>DIPLOMA /DEGREE/ CERTIFICATION</u> |
|---------------|----------------------------|--------------|---------------------------------------|
| _____         | _____                      | _____        | _____                                 |
| _____         | _____                      | _____        | _____                                 |
| _____         | _____                      | _____        | _____                                 |
| _____         | _____                      | _____        | _____                                 |

### EXPERIENCE

Include all plumbing work experience, apprentice, plumber's helper and minimum four (4) years as a journeymen plumber.  
**(NOTE: List all employers start with most recent first .)**

| <u>MASTER PLUMBER or BUSINESS</u> | <u>ADDRESS</u> | <u>PHONE No.</u> | <u>MONTHS</u> |
|-----------------------------------|----------------|------------------|---------------|
| _____                             | _____          | (____) _____     | _____         |
| _____                             | _____          | (____) _____     | _____         |
| _____                             | _____          | (____) _____     | _____         |
| _____                             | _____          | (____) _____     | _____         |
| _____                             | _____          | (____) _____     | _____         |

TOWN of CHEEKTOWAGA

Office of Building and Plumbing Inspections  
275 Alexander Street, Cheektowaga NY 14211

include three(3) not plumbing references which are residents of Erie County, NY.  
References must sign below

REFERENCE SIGNATURE

ADDRESS

PHONE No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have now or have had a Journeyman Plumber's or Master Plumber's license in another community?

YES  NO

Have you ever been refused a Journeyman Plumber's or Master Plumber's license?

YES  NO

Have you ever had a Journeyman Plumber's or Master Plumber's license revoked or suspended?

YES  NO

If yes to either, give full particulars below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK )

COUNTY OF ERIE ) S.S.

TOWN OF CHEEKTOWAGA )

I hereby declare, under oath, I have answered all of the above questions truthfully, that I am the person who will take the examination and that I have affixed my signature to this application.

Signed \_\_\_\_\_

Sworn before me this \_\_\_\_\_

day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**For Office Use Only**

Fee Paid \$ \_\_\_\_\_

Received by \_\_\_\_\_

Date of Examination \_\_\_ / \_\_\_ /20\_\_\_

Examination Grade: \_\_\_\_\_%

Passed  Failed

Approved By: \_\_\_\_\_

\_\_\_ / \_\_\_ /20\_\_\_

Town of Cheektowaga Supervising Code Enforcement Officer

Date