

MASTER PLUMBERS LICENSE FACT SHEET

I. REQUIREMENTS FOR SUBMITTING AN APPLICATION:

1. Completed Application for License.
2. FELLOW PLUMBER OR EMPLOYER'S AFFIDAVIT FOR PLUMBERS LICENSE must be filled out by a certified licensed plumber (Preferably from the Town of Babylon.)
3. If your business is a corporation or partnership, submit a notarized letter stating what percentage of the company you own.
4. W-2 forms showing seven (7) years experience.
5. Two (2) pictures 1 ½" by 1 ½" (No glasses).
6. \$200.00 cashier's check or money order made payable to the Town of Babylon.
7. Two (2) proofs of residency (tax bill, utility bill, bank statement) (no driver's licenses).
8. Two (2) proofs of business address (tax bill, utility bill, bank statement, bill/voucher from plumbing supply company).
9. Three (3) personal character reference letters. Letters need to include full name and address, telephone number, e-mail address, and signature must be notarized.
10. If you are applying for a Reciprocal License you must also provide:
 - a. Certificate of Competency from the town in which you reside or have your business.
 - b. A current Letter of Good Standing from the town in which you reside or have your business. (Dated within one month)

You may also submit at this time, any programs, certificates, schooling, etc. that you feel would be helpful to the Plumbing Board when considering your application.

When the application is completed, submit by mail or in person to the Town of Babylon at 200 East Sunrise Highway, Lindenhurst, NY 11757 to the attention of the Town Clerk's Department.

II. PLUMBERS EXAMING BOARD – REVIEW AND TESTING:

After your completed application is submitted, you will be scheduled to meet with the Plumbers Examining Board where you will be interviewed and your application will be reviewed. You will be scheduled for written and practical tests. If you are requesting a license under reciprocal agreements and the Board approves, no testing will be required.

III. ADDITIONAL DOCUMENTS REQUIRED:

When you have passed all tests or have been approved for reciprocity, you will be required to provide:

1. Certificate of Liability Insurance coverage: Certificate must include your own name, the business name and Town of Babylon listed as Additional Insured. **Must be on an Acard-25 form.**
2. Workmen's Compensation Coverage. **Must be on either a NYS Fund Form U-26.3 or a C-105.2.** Waiver from Workmen's Compensation. **Must be on a CE-200 form.**
3. Certified Check, Cashier's Check or Money Order for an additional fee of \$150.00 \$200.00 or \$250.00.

If you have any questions, please call Barbara at 631- 957-4286



APPLICATION FOR PLUMBERS LICENSE

Town of Babylon - Plumbers Examining Board · 200 East Sunrise Highway · Lindenhurst, NY 11757 · 631-957-4286

Please Print

Do Not Write in Shaded Areas

Type of License: 1. MASTER PLUMBER 2. RESTRICTED TO: ___ Fire Sprinkler ___ Air Conditioning & Refrigeration ___ Gas Tank Installers ___ Heating ___ Heating & Air Conditioning ___ Electric Sewer Cleaning ___ Well Drillers ___ Underground Sprinkler Systems ___ LP Gas				DATE RECEIVED:					
				___ Plumber or Employer's Affidavit					
				___ Co./Partnership Affidavit					
				___ W2's/1040's (5)					
				___ Photos (2)					
				___ Fee (\$200.00)					
				___ Proof of Residency (2)					
				___ Proof of Business (2)					
				___ Character References (3)					
				___ Certificate of Competency					
				___ Letter of Good Standing					
Last Name First Name Middle Initial Home Telephone				DATE APPROVED BY BOARD: _____					
Number and Street City/Town Zip Code				DATE DENIED BY BOARD: _____					
Business Name Business Telephone									
Number and Street City/Town Zip Code									
Do you now, or have you ever had a Town of Babylon Plumbers License? [] YES [] NO									
Do you have a Plumbers License from another Town or Village? [] YES [] NO If yes, list places and license numbers: (If you need additional space, please attach a separate sheet)									
1. _____									
2. _____									
3. _____									
Are you requesting a reciprocal license? [] YES [] NO									
Have you ever received a summons from the Town of Babylon for any violation of the Plumbers or Building Code? [] YES [] NO									
Are there any uncorrected violations existing against your prior work as a plumber? [] YES [] NO									
* If you answered yes to questions 4 or 5, you must attach a statement giving dates, violations and disposition.									
Prior Plumbing Experience: (If you need additional space, please attach a separate sheet)									
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Employer</u></td> <td style="text-align: center;"><u>Address</u></td> <td style="text-align: center;"><u>Telephone</u></td> <td style="text-align: center;"><u>Years</u></td> <td style="text-align: center;"><u>Type of Work</u></td> </tr> </table>				<u>Employer</u>	<u>Address</u>	<u>Telephone</u>	<u>Years</u>	<u>Type of Work</u>	
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1. _____									
2. _____									
3. _____									

I understand this application is to be filed with the Town Clerk and that the information will be relied upon by the Town of Babylon in granting this license. I SWEAR THAT ALL STATEMENTS ARE TRUE.

DATE

APPLICANT'S SIGNATURE

NOTARY:

SWORN TO BEFORE ME ON THE ____ DAY

OF _____ 20____.

FELLOW PLUMBER OR EMPLOYER'S AFFIDAVIT FOR PLUMBERS LICENSE

(PLEASE PRINT OR TYPE)

1. I have known the applicant _____, for _____ years.
I have employed the applicant from _____ to _____ as a
 Master Plumber Journeyman Plumber.

2. During this time, his/her responsibility included:

3. His/Her work was Excellent Satisfactory Poor
Comments:

4. I have read the statements made in his/her application and believe them to be true. I
endorse his/her application for a (check one):

MASTER PLUMBER LICENSE RESTRICTED LICENSE
FOR _____

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5. Employer Information

Your Name: _____
Business Name: _____
Address: _____

6. PLUMBERS LICENSE # _____ TOWN _____

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7. I understand this application is to be filed with the Town Clerk and that this information will
be relied upon by the Town of Babylon in the granting of this license.

SIGNATURE: _____

Sworn to before me on the _____ day of _____ 20_____

NOTARY: