



APPLICATION FOR PLUMBERS LICENSE

Town of Babylon · Plumbers Examining Board · 200 East Sunrise Highway · Lindenhurst, NY 11757 · 631-957-4289

Please Print

Do Not Write in Shaded Areas

Type of License:				DATE RECEIVED:		
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						___ EMPLOYERS AFFIDAVIT ___ W2's/1040's ___ Photos ___ Co./Partnership Affidavit ___ Certificate of Competency ___ Letter of Good Standing ___ Fee ___ Proof of Business ___ Proof of Residency
Last Name		First Name	Middle Initial	Home Telephone		
Number and Street		City/Town		Zip Code		
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)						
<u>Employer</u>		<u>Address</u>		<u>Telephone</u>	<u>Years</u>	<u>Type of Work</u>
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____.