

PLUMBERS LICENSE RENEWAL FACT SHEET

Your Town of Babylon plumber's license EXPIRES on June 30th. To renew your license for the next three (3) years, please complete the renewal application (green form) and return it to us with the items listed below.

PLEASE NOTE: If we do not receive your completed application by JUNE 30TH, your license will EXPIRE, and you will not be allowed to do plumbing work within the Town of Babylon. Once your license expires, an additional fee of \$100 dollars is required to reinstate your license. NO EXCEPTIONS WILL BE MADE.

Please submit the following items:

1. COMPLETED RENEWAL APPLICATION FORM.
2. LIABILITY INSURANCE CERTIFICATE – Acord-25 Form.
Must be in your individual name first and then listed in your business name and show a minimum Liability and Accident coverage:
\$1,000,000.00 – Personal Injury Liability - AND
\$1,000,000.00 – Property Damage Liability
Town of Babylon must be listed as additionally insured.
3. WORKMEN'S COMPENSATION COVERAGE OR WAIVER FROM WORKMEN'S COMPENSATION. Must be on either State Fund Form or C-105.2.
4. **CASHIER'S CHECK, OR MONEY ORDER** in the amount of \$150.00, payable to the Town of Babylon.
5. TWO (2) NEW PICTURES 1 ½" by 1 ½". (Passport size)
6. PLEASE RETURN YOUR EXPIRED LAMINATED IDENTIFICATION CARD.
7. ONE PROOF OF BUSINESS ADDRESS – and
ONE PROOF OF RESIDENCE ADDRESS
(Tax bill, utility bill, bank statement, etc.)
8. IF YOUR LICENSE IS RECIPROCAL YOU WILL NEED TO SUBMIT AN UPDATED LETTER OF GOOD STANDING DATED WITHIN THE LAST MONTH. .

IF YOU HAVE ANY QUESTIONS PLEASE CALL: 631-957-4291

Town of Babylon – Town Clerk – Plumbers Licensing Board
200 East Sunrise Highway, Lindenhurst, N.Y. 11757-2598

TOWN OF BABYLON

Plumbers License Renewal Application

FOR RENEWAL OF PLUMBERS LICENSE NUMBER _____

THE FOLLOWING REQUIRED PAPERWORK IS ATTACHED:

- * Insurance Certificate – Acord 25 Form - showing coverage of:
\$1,000,000.00 - Personal Injury Liability
\$1,000,000.00 - Property Damage Liability
Must be in your individual name first and then listed in your business name. Town of Babylon must be listed as additional insured.
No faxed documents will be accepted.
- * Worker's Compensation coverage on either a NYS Insurance Fund form U-26.3 or a C-105.2 or a Waiver from Worker's Compensation on a CE-200. **No faxed documents will be accepted.**
- * Two (2) new pictures (passport size) and new ID card signed and returned.
- * \$150 cashier's check or money order - payable to the Town of Babylon.
- * One proof of business address - One proof of home address.
- * A current letter of good standing is required, if license is reciprocal.

HOME

BUSINESS

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Date

Licensed Plumber's Signature

OFFICE USE ONLY

Date Received: _____

Plumbers License: _____

Approved: _____ / ____ / ____

Expiration Date: _____