

# MASTER PLUMBERS LICENSE FACT SHEET

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## 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 of experience. **(UNLESS APPLYING FOR RECIPROCAL LICENSE)**
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 only need to provide: the completed application, Letter of Good Standing, Certificate of Competency and the required Insurance.\*\*\*\*\***

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. A fee of \$150.00 \$200.00 or \$250.00 is payable via Certified Check, Cashier's Check or Money Order. Please contact the Town Clerks office at 631-957-4291 for fee applicable for you.

**If you have any questions, please call Stephen at 631- 957-4291**



# APPLICATION FOR PLUMBERS LICENSE

Town of Babylon - Plumbers Examining Board · 200 East Sunrise Highway · Lindenhurst, NY 11757 · 631-957-4291

Please Print

Do Not Write in Shaded Areas

<b>Type of License:</b> 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				<b>DATE RECEIVED:</b>  ___ Plumber or Employer's Affidavit  ___ Co./Partnership Affidavit  ___ W2's/1040's (7)  ___ 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	
Email Address:				
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				<b>DATE APPROVED BY BOARD:</b> _____
* If you answered yes to questions 4 or 5, you must attach a statement giving dates, violations and disposition.				<b>DATE DENIED BY BOARD:</b> _____
<b>Prior Plumbing Experience:</b> (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\_\_\_\_.

# 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 \_\_\_\_\_

=====

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: