

Westchester County Department of Consumer Protection Westchester County Board of Plumbing Examiners 148 Martine Avenue, Room 407 White Plains, NY 10601 914-995-2657

consumer.westchestergov.com

MASTER AND JOURNEY-LEVEL PLUMBING EXAM APPLICATION

Which Exam Are You Applying For:	Master Plumber ()	Journey-Level Plu	mber ()
Applicant Name: First:	Last:		Middle:
Home Street Address:		Apartment/Suit	e#:
City:	State:	Zip:	
Date of Birth:	Email:		
Home Phone (If different from cell phone):	Cell Phone:	
Height: Weight:	Eye Color:	Hair Cold	or:
Name of Present Employer:		License #	
Have you ever been approved to take t	his exam before? : Yes () No	() When?	
Have you ever been licensed by this de	partment before? : Yes () No	() When/Lic#?	
This is a two-sided document. Re I certify that the information on this fo incomplete, inaccurate or false informa not be accepted by this office until suc	rm and all supporting documents ation may cause my application to	are true and accurate. be delayed or denied a	I understand that any
APPLICANT SIGNATURE	PRINT APPLICANT	NAME	DATE
Subscribed and sworn to me this	Day of	, 20	
In the State of	County of		
	Affix Seal:		

Signature of Notary Public



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REQUIRED DOCUMENTATION AND GUIDELINES FOR ALL PLUMBING EXAM APPLICANTS

<u>Master Plumber</u> All applicants shall provide proof of the successful completion of ten (10) years of full-time

experience in the employ of a licensed Master Plumber in accordance with the Countywide Plumbing License Law and the Rules and Regulations of the Board of Plumbing Examiners.

Journey-Level All Journey-Level Plumber applicants shall document the successful completion of (a) five years

of experience in the business of Plumbing as defined by the plumbing law in the employ of licensed master plumbers as an apprentice plumber or (b) the successful completion of a five-

year plumbing apprentice program as the requirement for application.

ALL APPLICANTS SHALL INCLUDE THE FOLLOWING ITEMS WITH THEIR APPLICATION:

- 1. Proof of employment shall, as a minimum requirement, consist of one (1) of the following documents: (A) Detailed Social Security earnings report http://www.socialsecurity.gov/forms/ssa-7050.html or (B) Federal W-2 Forms showing the applicants name, the employer's name and the reported income from each employer or (C) Federal Schedule C or K-1 forms showing proof of business ownership if the applicant is self-employed and cannot produce either item A or B. All documents must include the full business name of the license holder (including yourself if self-employed) for all previous and current employers.
- **2.** A completed, signed and notarized employment verification form from <u>all previous and current employers</u> (including yourself if self-employed) that you are claiming experience from. (In addition to item #1)
- **3.** Letters of good standing and/or verification from any jurisdictions outside of Westchester County where licenses are held by the applicant and/or his or her previous or current employer. All letters must indicate the original issue date of each license.
- **4.** One (1) form of photo identification (ex: driver's license).
- **5.** Application fees: **Master Plumber- \$50.00, Journey-Level Plumber- \$25.00** Application fees are payable to payable to: "**Westchester County General Fund**". Approved payment methods are: check, money order or credit card (use credit card payment authorization form). **Cash payments will not be accepted.**
- **6.** Applications will be reviewed by the licensing board in the order that they are received. Upon approval for testing, applicants will be notified via email of the next available examination date.
- 7. Please mail all completed applications to: Westchester County Department of Consumer Protection 148 Martine Avenue Room 407 White Plains, NY 10601.
- **8.** If you have any questions regarding this application, please contact the Trades Licensing Division at 914-995-2657 or via email at cp-trades@westchestercountyny.gov.



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EMPLOYMENT VERIFICATION FORM-MASTER AND JOURNEY-LEVEL PLUMBER

<u>Company Owner/License Holder</u>: The following applicant is applying to take the Westchester County Plumbing examination and has indicated that they have worked under your direct supervision during their time of employment. <u>Each applicant</u> is required to submit an original signed and notarized copy of this form with their application for <u>all employers</u> that they are using as proof of experience.

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE COMPANY OWNER OR LICENSE HOLDER

Applicant/Employee Name: First:		Last:		
Dates of Employment: From:	To:			
Company Name or Name of Employer:				
Business Address:				
Business Phone Number:	License Holder Name:			
License Number(s) and Jurisdiction(s):				
I, here is or has been duly employed on a full time				
Master Plumber working on the installation	•	, , , ,	•	
fixtures and plumbing appliances in connect public or private water supply systems or in:	•			
utilized to convey natural gas. I agree to sul	• • • • • • • • • • • • • • • • • • • •	•		
the above information and that refusal to si	gn this document may result in f	urther action by the licensing boa	rd.	
SIGNATURE OF LICENSED MASTER PLUMBER	PRINT NAME	DATE		
Subscribed and sworn to me this	Day of	, 20		
In the State of	County of			
	Affix Seal:			
Signature of Notary Public				