



Kenneth W. Jenkins  
County Executive

Department of Consumer Protection  
Board of Plumbing Examiners  
Electrical Licensing Board

The Licensing Board reminds you that selling your license or “covering” is a violation of the licensing law and will result in suspension or revocation of your license and the assessment of civil penalties up to \$10,000 for each day which a violation occurs.

**All individuals performing Plumbing or Electrical work within Westchester County must be on the payroll and under the direct supervision of a licensed Westchester County Master Plumber or Master Electrician for the entire duration of every job.** The Licensing Board, along with the Department of Consumer Protection and local municipalities have expanded our enforcement efforts against all violations of the Plumbing and Electrical laws and will enforce a zero-tolerance policy against any complaints involving “covering”.

Should you have any questions or would like to report a suspected violation, please contact the Division of Trades Licensing by telephone: 914-995-2657 or email: [cp-trades@westchestercountyny.gov](mailto:cp-trades@westchestercountyny.gov)

Respectfully,

Westchester County Consumer Protection  
Westchester County Electrical Licensing Board  
Westchester County Board of Plumbing Examiners



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 PLUMBER LICENSE RENEWAL APPLICATION**

Application Type: ☐ Countywide Master Plumber ☐ Restricted Master Plumber ☐ Certificate of Competency (Shelving)

1) Applicant Name: \_\_\_\_\_ License #: \_\_\_\_\_

2) Business Name: \_\_\_\_\_

3) Has your business name changed or been amended since your last application?: Yes ☐\* No ☐

\*If yes, you must contact this office prior to submitting the application.

4) Home Street Address: \_\_\_\_\_ Apartment/Unit/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5) Has your home address, phone number or email changed since your last application?: Yes ☐\* No ☐

\*(Must supply (1) proof of new address - Driver's License, Utility Bill, Mortgage Statement, Lease or Rental Agreement)

6) Business Address: \_\_\_\_\_ Apartment/Unit/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

7) Has your business address, phone number or email changed since your last application?: Yes ☐ No ☐

8) Number of Decals Required: \_\_\_\_\_ Do You Need a Certified Copy of the License? : Yes ☐ No ☐

**This is a two-sided document. Review the second page of this form for additional instructions.**

I certify that the information on this form and all supporting documentation is true and accurate. I understand that any incomplete, inaccurate or false information may cause my renewal application to be delayed, denied or revoked and my application will not be accepted by this office until such time as any and all deficiencies have been corrected. Applications received after October 31<sup>st</sup> will be subject a late fee.

By signing below, I attest that all of the required personal, business, and insurance information contained on this application will remain current and accurate and I will be directly responsible to notify the Westchester County Department of Consumer Protection of any changes or updates to this information.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
DATE

DATE PROCESSED: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_



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**THE FOLLOWING DOCUMENTATION MUST BE PROVIDED WITH YOUR SIGNED APPLICATION**

- Application Fee Payment:** Countywide Master Plumber: \$600.00, Restricted Master Plumber: \$50.00 per municipality (\$500.00 maximum), Certificate of Competency (shelving): \$50.00, Decal Fee: \$5.00 each payable to "Westchester County General Fund".  
Approved payment methods are: Check, Money Order or Credit Card (use the provided authorization form). Cash payments will not be accepted.  
Please indicate your license number on all payments.
- Ownership Addendum:** All active Master Plumber license holders must complete, sign and notarize the attached Owners/Corporate Officers/Partners addendum. You must list all owners, corporate officers or partners
- Child Support Form:** NYS Law requires every applicant to complete a **Child Support Certification** form regardless of your obligation. This form must be signed and notarized prior to acceptance by this office.
- Liability Insurance:**  
(Accord Form Only)  
Liability Insurance in the minimum amount of \$1,000,000 naming the Westchester County Department of Consumer Protection 148 Martine Avenue, Room 407 White Plains, NY 10601 as Certificate Holder and Additional Insured.  
You must include the following statement: "**Certificate Holder is an additional insured on a primary non-contributory basis for the purpose of issuing licenses or permits.**" You must list any job related exclusions including, but not limited to, action over coverage for ladder and scaffolding work.  
(A sample certificate is available at [consumer.westchestergov.com/trade-licenses](http://consumer.westchestergov.com/trade-licenses))
- Workers' Compensation:  
and Disability Insurance** **(1)** NYS Workers' Compensation Insurance Certificate (Form C-105.2 or U-26.3) **AND (2)** NYS Disability Insurance Certificate (Form DB-120.1 or DB-155) naming the Westchester County Department of Consumer Protection 148 Martine Avenue, Room 407 White Plains, NY 10601 as certificate holder.
- OR**
- If you are eligible, you may submit a NYS Certificate of Attestation of Exemption from Workers' Compensation and/or Disability Benefits (Form CE-200) as a substitute. Please contact the NYS Workers' Compensation Board online at [www.wcb.ny.gov](http://www.wcb.ny.gov) with any questions. This form must reflect your exact business name and must be signed and dated prior to acceptance by this office.
- Continuing Education:** All Countywide, Restricted and shelved applicants must supply proof that four (4) hours of continuing education has been completed during the current license period from an approved Westchester County provider.

# OWNERS, CORPORATE OFFICERS OR PARTNERS ADDENDUM

Business Entity Type: Corporation ☐ LLC ☐ Sole Proprietor/Partnership ☐

Business Name: \_\_\_\_\_ License #: \_\_\_\_\_

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

|                        |                                |            |        |      |
|------------------------|--------------------------------|------------|--------|------|
| *Title                 | *First Name                    | *Last Name |        |      |
| *Street Address        |                                | *City      | *State | *Zip |
| *% owned or controlled | *Phone Number (with area code) |            | Email  |      |

\_\_\_\_\_  
LICENSE HOLDER SIGNATURE

\_\_\_\_\_  
PRINT LICENSE HOLDER NAME

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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# Child Support Certification

Westchester County Office of Child Support Enforcement

## Department of Consumer Protection

LICENSE BEING APPLIED FOR – HOME IMPROVEMENT LICENSE

THIS FORM MUST BE FULLY COMPLETED BY APPLICANT TO BE VALID

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, make the following statement:

(Choose 1 or 2, and put an "X" in the box in front of whichever is appropriate)

- ☐ 1. I am not under a court or administrative order to pay child support. OR  
☐ 2. I am under an obligation to pay child support. My child support account number is: \_\_\_\_\_

(If you chose #2, put an "X" in front of the applicable statement)

- ☐ A. I do not owe arrears equal to 4 months or more of child support payments.  
☐ B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me  
(check the appropriate boxes):  
☐ I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.  
☐ My child support obligation is the subject of a pending court proceeding.  
☐ I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is: \_\_\_\_\_  
☐ C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this \_\_\_\_\_ day \_\_\_\_\_ Date: \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
Notary Public Signature

State of \_\_\_\_\_

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

- ☐ Information verified, or status of case unknown to OCSE. ☐ Information is at variance with OCSE records.

Verifying Section & Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

# NOTICE

If you are experiencing difficulties obtaining a Westchester County license or permit because of an outstanding child support problem, and you are making support payments through the Support Collection Unit of the Westchester County Office of Child Support Enforcement, you may receive assistance in resolving your problem by contacting:



## **The Westchester County Office of Child Support Enforcement**

100 East First Street, 5<sup>th</sup> Floor  
Mount Vernon, New York 10550  
1 (888) 208-4485

**Westchester County**  
**Department of Consumer Protection**  
**148 Martine Avenue, Room 407**  
**White Plains, NY 10601**  
**914-995-2657**  
**consumer.westchestergov.com**

**Credit Card Payment Authorization Form**

Sign and complete this form to authorize The Westchester County Department of Consumer Protection to make a one-time charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the date this form is submitted to the Westchester County Department of Consumer Protection. **Transactions will appear on your statement as "Consumer Protection Online".**

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**Please Complete the Information Below**

I \_\_\_\_\_ License# \_\_\_\_\_

License Type: \_\_\_\_\_ authorize the **Westchester County**

**Department of Consumer Protection** to charge the credit card account indicated below

for the amount of \$ \_\_\_\_\_ (USD).

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Print Cardholder Name (as it appears on card) \_\_\_\_\_

Account Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Account Billing Zip Code \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Cardholder acknowledges receipt of goods and/or a service in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer.***