



Town of Islip
Department of Planning and Development
Plumbers' Examining Board
 655 Main Street, Islip, NY 11751
 Phone (631) 224-5360 • Fax (631) 224-5365

Plumbers' Examining Board
 James Lange, Chairman
 Sean Conlon
 Peter Russo
 Joseph Bruno
 Anthony DiFede
 Michael Barone
 James Alcus

Linda Stone, Secretary
 LStone@IslipNY.gov

Application for Master Plumber's License

Pursuant to the provisions applicable to the New York State Construction Code for Plumbing, I hereby apply for a Master Plumber's License.

Applicant's Full Name: _____

Home Address: _____
House No. Street Town State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Business Name: _____

Business Address: _____
No. Street Town State Zip

Business Phone: (____) _____ Business Fax: (____) _____

1. Do you hold an office within this company? (check one) Yes No
2. Are you a significant stockholder with financial control of this company? (check one) Yes No
3. Does your company currently have a Master Plumber licensed within the Town of Islip? (check one) Yes No
 If yes, please indicate the Master Plumbers name and license number: _____
Full Name Town of Islip License #

4. How long have you been engaged in the occupation of Master Plumber or Journeyman? _____

5. Are you currently a Licensed Master Plumber with another Town or Village? (check one) Yes No
 If yes, where? Town of, Village of _____

Please attach a current Letter of Good Standing and a copy of your Certificate of Competency from the Plumbers' Board of the Town/Village in which you are licensed.

6. Has your company, any predecessor company, or you personally, ever been denied a license or had a previously issued license revoked? (check one) Yes No
 If yes, where? _____ When? _____ Why? _____

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7. Are you presently conducting business or doing work on your own account? (*check one*) Yes No
8. Have you read and do you understand the Plumbing and Drainage Rules and Regulations of the Town of Islip (New York State Plumbing Code 2015)? (*check one*) Yes No
9. Name and address of Licensed Plumbers who have employed you as a plumber at any time during the **past five years**:

1. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

2. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

3. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

COUNTY OF SUFFOLK
STATE OF NEW YORK

I hereby declare, under oath, that I fully understand and have answered in my own handwriting, all of the above questions truthfully; that I am the person to be examined and that I have affixed my signature to this application.

Signature: _____

Print Name: _____ Date: _____

Sworn to before me this _____ day
of _____ 20_____

Notary Public

Name: _____