



**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  
 Anthony DiFede  
 Michael Barone  
 James Alcus  
 Dale A. Gross

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? \_\_\_\_\_

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: \_\_\_\_\_