



Town of Islip
Department of Planning and Development
Plumbers' Examining Board
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Plumbers' Examining Board
 James Lange, Chairman
 Sean Conlon
 Peter Russo
 Joseph Bruno
 Anthony DiFede
 Michael Barone
 James Alcus

Linda Stone, Secretary
 LStone@IslipNY.gov

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Applicant Reference Form for Master Plumber's License

This form to be completed by a Licensed, Registered Plumber

I hereby swear that I am a duly certified Licensed, Registered Plumber, have known, have employed

_____, the applicant herein, as a Master Plumber or Journeyman
Applicant's Full Name

from _____ to _____; that I found him to be competent, sober and industrious, and of good
Date met/hired End hire date/present

character. I consider him qualified to be licensed as a Master Plumber in the Town of Islip.

I further swear that I have read the statements made by him in his application and believe them to be true.

Remarks: _____

Place of Business: _____ City/Village: _____

Date of Registration: _____ City/Village: _____

Certificate of Competency No. _____ or, Certificate of Registration No. _____

Signature: _____ Date: _____

Sworn to before me this _____ day

Of _____ 20_____

Notary Public

Name _____