CITY OF NIAGARA FALLS, NEW YORK
Department of Code Enforcement
APPLICATION FOR A MASTER PLUMBER'S LICENSE

This application must be filled out with complete and accurate information.

Your application will be reviewed and processed in accordance with Chapter 1111 of the Codified Ordinances of the City of Niagara Falls, New York, and in particular, Section 1111.10 – Registration and Licensing of Master Plumbers.

REQUIRED WHEN YOU SUBMIT YOUR COMPLETED APPLICATION FOR FILING:

1. APPLICATION FEE - $70.00 - MAKE CHECK PAYABLE TO **CITY CONTROLLER.**
2. COPY OF YOUR DRIVER'S LICENSE AND ALL OTHER REQUIRED DOCUMENTATION MUST BE ATTACHED TO YOUR APPLICATION WHEN FILED.
3. YOU MAY FILE YOUR APPLICATION BY MAIL OR HAND DELIVERY. Mailing address: City of Niagara Falls Department of Code Enforcement, P.O. Box 69, Niagara Falls, NY 14302. Attention: Clerk of the Board of Examining Plumbers. Certified mail is recommended. Address for hand delivery: Niagara Falls City Hall, Department of Code Enforcement (3rd floor), 745 Main Street, Niagara Falls, New York.

Applicant's Full Legal Name: _____

Home Address _____
(P.O. Box not acceptable) Street No. City/Town State Zip

Mailing Address _____
Street No. City/Town State Zip

work phone _____ cell phone _____ home phone _____

email address _____ **Attach a copy of your Driver's License.**

Education High School _____

College _____

Other _____

Present Employer _____

Address of Employer _____

Phone of Employer _____ Name of immediate supervisor _____

List all Journeyman Plumber licenses that you possess. Name the issuing municipality for each: _____

_____

Attach a copy of every Journeyman Plumber license that you currently hold.

List all Master Plumber licenses that you possess. Name the issuing municipality for each: _____

_____

Attach a copy of every Master Plumber license that you currently hold.
Of the Master Plumber licenses identified above, list each one that was issued to you by an examining board of plumbers or a municipality that did not require you to sit for a Master Plumber examination: _____

Are you seeking a waiver of examination from the Board pursuant to § 1111.10(d) of Chapter 1111? Y / N (circle one)
The Board may grant a waiver if you previously sat for and passed a Master Plumber exam and you currently hold a Master Plumber license issued by an examining board of plumbers of a city located within one of the following New York counties: Niagara, Erie, Orleans, Genesee, Wyoming, Chautauqua or Cattaraugus Counties.

Have you ever had a license or certificate of competency suspended or revoked by a municipality or its Board of Examining Plumbers? Y / N (circle one)
If 'yes', attach a separate page to this application with your written explanation, including identification of each municipality involved.

PLUMBING EMPLOYMENT RECORD OF: _____ (< print name)

(You must document at least 10 years of experience in the plumbing trade. List most recent jobs first)

PRESENT & PRIOR EMPLOYERS	DATES EMPLOYED		TYPE OF PLUMBING WORK
Start with your current or most recent employer, and work backward. Note that your application may not be processed if you fail to provide complete contact information for each employer.	FROM MONTH YEAR	TO MONTH YEAR	For each employer: • List all your work roles (Master Plumber, Journeyman, other). • Type of plumbing work (commercial and/or residential). • Indicate if you installed gas pipe.
Name:			
Address			
Contact Person			
Phone Number			
Name:			
Address			
Contact Person			
Phone Number			
Name:			
Address			
Contact Person			
Phone Number			
Name:			
Address			
Contact Person			
Phone Number			
Name:			
Address			
Contact Person			
Phone Number			

Make additional copies of this page as needed to demonstrate that you meet the minimum required work experience.

For all experience where you worked as a Journeyman Plumber, include a completed MASTER PLUMBER'S AFFIDAVIT

MASTER PLUMBER'S AFFIDAVIT ON BEHALF OF EMPLOYEE WHO WAS A JOURNEYMAN PLUMBER UNDER THE MASTER'S DIRECT SUPERVISION

This form may be duplicated as needed if the Applicant requires more than two (2) Affidavits.

Applicant's Full Legal Name:_____

Dear Master Plumber: Greetings from the Examining Board of Plumbers of the City of Niagara Falls ("Board"). The Board is being asked to consider whether the above-named Applicant for a Master Plumber's License will be approved to sit for examination or receive a Master Plumber's License. The first eligibility requirement is that the Applicant must have at least 10 years of experience working in the plumbing trade. To satisfy the minimum 10-year requirement, the Applicant intends to rely on his or her period of employment with you or a plumbing company that you control. Kindly review page 2 of this Application to ensure the accuracy of information supplied by the Applicant. Then complete the below Affidavit and sign same before a Notary Public.

Master Plumber's Full Legal Name: _____ phone:_____
Business Name: _____
Business Address: _____
Street City/Town State Zip

I, _____, being duly sworn, deposes and says: I am a duly licensed Master Plumber of the City of _____in the State of _____. I have read the statements of the above-named Applicant on page 2 above, as they relate to my employment of them, and I confirm that they are true and accurate. The Applicant worked for me as a Journeyman Plumber under my direct supervision for a period of _____ years and _____ months. I also found the Applicant's work to be satisfactory throughout that time.

Signature of Master Plumber: _____ date:_____

Subscribed and sworn before me this ____
day of _____, 20_____.

_____
Notary Public

Master Plumber's Full Legal Name: _____ phone:_____
Business Name: _____
Business Address: _____
Street City/Town State Zip

I, _____, being duly sworn, deposes and says: I am a duly licensed Master Plumber of the City of _____in the State of _____. I have read the statements of the above-named Applicant on page 2 above, as they relate to my employment of them, and I confirm that they are true and accurate. The Applicant worked for me as a Journeyman Plumber under my direct supervision for a period of _____ years and _____ months. I also found the Applicant's work to be satisfactory throughout that time.

Signature of Master Plumber: _____ date:_____

Subscribed and sworn before me this ____
day of _____, 20_____.

_____
Notary Public

If any Master Plumber refuses or is unavailable to provide an Affidavit verifying the employment of a Journeyman Plumber, then the Applicant must attach sufficient proof to their Application that the Board may consider as a substitute for each omitted Affidavit. Such proof may include but not be limited to payroll records, W-9s, an employer's personnel file, or union records that document all periods of time credited to the Applicant as a Journeyman Plumber.

Applicant's Certification, Authorization, and Release of Liability

Applicants are cautioned that Article 175 of New York Penal Law makes it a crime to file any written instrument, including computer data, with a public office or public servant that contains a false statement or false information.

By signing my name below as the Applicant herein, I certify and promise that:

1. All answers and factual representations set forth in this application, including all attachments hereto, are true and complete to the best of my knowledge. Any omission or false statement appearing in this application or any attachment hereto is sufficient grounds for the rejection of my application or, in the event of later discovery, revocation of any permit, license and/or certificate of competency subsequently issued to me by the Department of Code Enforcement or the Examining Board of Plumbers for the City of Niagara Falls.
2. I hereby authorize the release of any and all information related to my application to the City of Niagara Falls and/or its Examining Board of Plumbers. I further authorize the City and/or the Board to conduct investigations of my background at any time. I understand and agree that such background investigations may seek information concerning, but not limited to, my character and reputation, criminal convictions, driving record, status of certifications and licenses, and any and all information from former and current employers, educational institutions, and personal references. I also hereby release and hold harmless the City and its Examining Board of Plumbers, and any person or entity that provides information in response to such an investigation, from any liability in connection with the use or exchange of information about me, arising from or related to any such background investigation.
3. All handwriting appearing above my signature is my own, except for those portions completed by a Master Plumber (Master Plumber's Affidavit) and/or a Notary Public.

_____
(Applicant's signature)

Subscribed and sworn before me this ____ day of _____, 20_____.

_____
Notary Public

SPACE BELOW IS RESERVED FOR THE DEPARTMENT OF CODE ENFORCEMENT AND THE EXAMINING BOARD

Application received and filed by the Department of Code Enforcement and the Clerk of the Board of Examining Plumbers on the _____ day of _____20____. The application <u>was / was not</u> accompanied by all required fees.
(circle one)

_____
(Clerk of the Board's signature)