City of Elmira
Inspection Services Department
Phone: (607) 737-5653

101 W. Second St.
Elmira, NY 14901

Application for City of Elmira Plumbing Registration

NO. _____

To be filled in by the Secretary of the Board of Plumbing Overseers

_____
Name

_____
Residence

Received _____

Application Approved _____

Fee Paid _____ / _____ / _____ **Receipt #** _____

Application Rejected _____

Date of Examination _____

Date of Certification _____

No. of Certificate of Competency _____

BOARD OF PLUMBING OVERSEERS

ELMIRA, NY

FEES:

Exam.....$30.00
Registration.....$30.00
Yearly Renewal.....$25.00

City of Elmira
Inspection Services Department
Phone: (607) 737-5653
http://www.ci.elmira.ny.us

101 W. Second St.
Elmira, NY 14901
Fax: (607) 733-5235

Application for Examination for a Certificate of Competency

Board of Plumbing Overseers

I respectfully apply of an examination as to my fitness and qualifications to enter and conduct the business of a Registered Plumber in the City of Elmira New York.

_____
Signature

STATE OF NEW YORK }
County of _____ } ss.

_____ being duly sworn deposes and says that this application is filled out by him, and for him only, and in his own handwriting.

That his full name is

_____

That his address is_____

That he is a citizen of the United States, and has been a resident of

_____from _____to _____ previous to the date of this application.
That he has been employed

By _____ of _____ from _____ to _____

By _____ of _____ from _____ to _____

By _____ of _____ from _____ to _____

By _____ of _____ from _____ to _____

That his business or employment during the past five years has been_____
and that during such period has been engaged in the trade , business or calling of plumbing for____yrs._____mos.; that he will faithfully observe the rules and regulations of the board of Pluming Overseers as expressed in the NYS Fire Prevention and Building Code and City of Elmira Code of Ordinances, and that the whole of the foregoing statement is true.

Sworn to before me this

_____ day of _____, _____ Applicant's Age: _____
(month) (year)

_____ _____
(Commissioner of Deeds or Notary Public) Signature

NOTE: Applicant shall furnish satisfactory evidence of his apprenticeship by voucher.

DO NOT WRITE BELOW THIS LINE

Apprenticeship Voucher: _____
The Secretary to complete as per request of the Board with the word approved or rejected.

COMPLETE VOUCHER 1 AND 2 **OR** 3 AND 4

VOUCHER 1

I, _____, residing at _____ in the City of Elmira, in the State of New York and at present conducting the business of Plumbing at _____, Elmira, NY, do hereby certify that I have known the applicant _____ for over a period of years from _____ to _____ and personally know that he has had _____ years full time experience as a journeyman or plumber, and in my opinion has sufficient experience and qualifications as prescribed in this application, (refer to last page) to take the examination for a Certificate of Competency, as given by the Board of Plumbing Overseers of the City of Elmira, State of New York.

Subscribed and sworn to before me this

_____ day of _____, _____ (month) (year)

_____ Signature

_____ (Commissioner of Deeds or Notary Public)

VOUCHER 2

I, _____, residing at _____ in the City of Elmira, in the State of New York and at present conducting the business of Plumbing at _____, Elmira, NY, do hereby certify that I have known the applicant _____ for over a period of years from _____ to _____ and personally know that he has had _____ years full time experience as a journeyman or plumber, and in my opinion has sufficient experience and qualifications as prescribed in this application, (refer to last page) to take the examination for a Certificate of Competency, as given by the Board of Plumbing Overseers of the City of Elmira, State of New York.

Subscribed and sworn to before me this

_____ day of _____, _____ (month) (year)

_____ Signature

_____ (Commissioner of Deeds or Notary Public)

Note: You are required to submit certified copies of any other municipal or state licenses

VOUCHER 3

I, _____, residing at _____ in the _____,

in the State of _____ do here by certify that I have know the applicant _____,

for over a period of years from _____ to _____ and personally know that he has had _____ years full time experience as a journeyman or plumber, and in my opinion has sufficient experience and qualifications as prescribed in this application, (refer to last page) to take the examination for a Certificate of Competency, as given by the Board of Plumbing Overseers of the City of Elmira, State of New York.

Subscribed and sworn to before me this

_____ day of _____, _____ _____
(month) (year) Signature

_____
(Commissioner of Deeds or Notary Public)

VOUCHER 4

I, _____, residing at _____ in the _____,

in the State of _____ do here by certify that I have know the applicant _____,

for over a period of years from _____ to _____ and personally know that he has had _____ years full time experience as a journeyman or plumber, and in my opinion has sufficient experience and qualifications as prescribed in this application, (refer to last page) to take the examination for a Certificate of Competency, as given by the Board of Plumbing Overseers of the City of Elmira, State of New York.

Subscribed and sworn to before me this

_____ day of _____, _____ _____
(month) (year) Signature

_____
(Commissioner of Deeds or Notary Public)