

TOWN OF CLARENCE

APPLICATION FOR EXAMINATION FOR **JOURNEYMAN PLUMBER** LICENSE

Application and associated documents must be submitted to:

Clerk of the Town of Clarence  
One Town Place  
Clarence, New York 14031

Additional documents required with application:

- Two (2) passport style photographs
- Copies of current licenses held in other Municipalities.
- Application fee of \$75.00 (non-refundable)

The undersigned hereby makes application for examination for a license to engage in the business of Plumbing and Drainage under supervision of a Master Plumber in the Town of Clarence, Erie County, New York as a JOURNEYMAN PLUMBER.

PLEASE PRINT

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*street city state zip code*

Date of Birth: \_\_\_\_\_  
*month day year*

**1. Years of practical experience (on the job training) in the plumbing trade as:**

➤ Apprentice: \_\_\_\_\_

**2. Municipalities where you currently hold a license as:**

➤ Journeyman Plumber: \_\_\_\_\_

\_\_\_\_\_

➤ Sewer Contractor: \_\_\_\_\_

\_\_\_\_\_

**3. Your present employer:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**4. Education:**

	<u>School Attended</u>	<u>Years completed</u>
Elementary:	_____	_____
High School:	_____	_____
Vocational:	_____	_____
College:	_____	_____
Other:	_____	_____

**5. Character references:** Name                      Address                      Telephone Number

➤ \_\_\_\_\_

➤ \_\_\_\_\_

➤ \_\_\_\_\_

**6. Give names of licensed Master Plumbers under whom you have worked and the time worked under each:**

	<u>Name</u>	<u>Address</u>	<u>Years Employed</u>
➤	_____	_____	_____
➤	_____	_____	_____
➤	_____	_____	_____
➤	_____	_____	_____

**7. Master Plumber's Affidavit:**

I hereby state that I am a duly licensed as a Master Plumber in the Town/City/Village of \_\_\_\_\_ and that I have read the above statements by \_\_\_\_\_, an applicant for a Master Plumbers license of the Town of Clarence, as they apply to his work experience under my supervision and I hereby certify such statements are true and correct.

_____ Signature of Master Plumber	Subscribed and sworn to before me this _____ day of _____, 20__.
_____ PRINT name of Master Plumber	
_____ Address	_____ Notary Public, Erie County, New York
_____ City, State, Zip Code	

