

COUNTY OF PUTNAM

The Putnam County Plumbing/Mechanical Trades Board
Donald B. Smith Building
110 Old Route 6, Building #3
Carmel, N.Y. 10512

Tel. (854) 225-1958

Date: _____ Amount Paid _____ Check No. _____

This application is submitted for a certification of the following trade:

PUMP INSTALLERS CERTIFICATION

Applicant's
name: _____

Date of birth: _____, SOC. SEC. NO. _____

Address: (No. & Street, City, State, Zip Code)

Telephone No. Home (____) _____, Work (____) _____

Name of business, partnership, or corporation where you are presently
employed:

Are you applying for a certificate on behalf of the above business, partnership, or
corporation? YES _____ NO _____

Do you presently hold a license/certificate for your occupation from another
municipality? YES _____ NO _____

NOTE: You must submit with this application appropriate documentation of
education and employment for certification. As proof of completed
apprenticeship and journeyman experience, notarized statements from
occupational related employers as to dates and duties of employment must be
attached to this application.

STATEMENT OF EXPERIENCE

PRESENT EMPLOYER: (NAME)

ADDRESS:

TELEPHONE NO, (_____) _____

STARTING DATE OF EMPLOYMENT: _____

Please attach to this application other previous employers stating their name, address, telephone number, date employment commenced and date employment terminated.

STATEMENT OF EDUCATION

Are you a high school graduate? YES _____ NO _____

If your answer is "NO", highest grade attended. _____YR.

Have you attended a trade-related vocational school? YES ____NO_____

If "YES" give dates from _____ to _____

Number of hours of instruction _____hrs. _____yrs.

Did you graduate? YES _____ NO _____

Are you a college graduate YES _____ NO _____

If your answer is "YES" describe type of degree received:

If you attended college, did not graduate, how many credits have you earned?

Please attach to this application a list of short term trade related training schools offered by manufactures, supply house's schools, municipalities or others that you have attended. State date, location and name of course attended.

Any persons making any false statements as to qualifications and experience, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided by NEW YORK STATE laws.

The filing fee for this application is One Hundred Fifty Dollars [\$150.00]. PAYMENT MUST BE PAID WHEN APPLICATION IS SUBMITTED FOR REVIEW. Please make all checks payable to the Commissioner of Finance.

APPLICANT'S
SIGNATURE:

NOTE: This application must be notarized.

SUBSCRIBED AND SWORN BEFORE ME: Date:

SIGNED: [Notary Public]:

Comm. Expires: _____

Seal

FOR OFFICE USE ONLY

APPROVED

DISAPPROVED

