

**COUNTY OF PUTNAM**  
**The Putnam County Plumbing Board**  
**110 Old Route 6, Bldg. #3**  
**Carmel, New York 10512**  
**(845) 808-1617 Ext. 46026**

**APPLICATION FOR MASTER PLUMBERS LICENSE**

**PLEASE PRINT OR TYPE**

**Date;** \_\_\_\_\_ **Application no.** \_\_\_\_\_

**Applicant's Name;** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**Address; (No. & Street, City, State, Zip Code)**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone; ( )** \_\_\_\_\_ **Work; ( )** \_\_\_\_\_

**NOTE; Application must be cognizant of the PUTNAM COUNTY PLUMBING LICENSE LAW, specifically, section 10; Plumbing License Application Procedure and Section 15; Plumbing License Permit/Certification.**

**List current plumbing license or licenses issued to you from other municipalities;**

1) **Name of municipality;** \_\_\_\_\_

**Address;** \_\_\_\_\_

**Telephone; ( )** \_\_\_\_\_ **Ext;** \_\_\_\_\_

**Date issued;** \_\_\_\_\_ **Exp. Date;** \_\_\_\_\_ **Lic. No.** \_\_\_\_\_

2) **Name of municipality;** \_\_\_\_\_

**Address;** \_\_\_\_\_

**Telephone; ( )** \_\_\_\_\_ **Ext;** \_\_\_\_\_

**Date issued;** \_\_\_\_\_ **Exp. Date;** \_\_\_\_\_ **Lic. No.** \_\_\_\_\_

**LIST ADDITIONAL LICENSES FROM OTHER MUNICIPALITIES ON SEPARATE SHEET OF PAPER.**

**STATEMANT OF EDUCATION**

**Are you a High School graduate? (circle answer) YES NO**

**If your answer is NO to the above question, state highest grade attained. \_\_\_\_year**

**Have you attended a trade related vocational school?**

**(circle answer) YES NO**

**If you answered YES to the above question give dates attended.**

**From\_\_\_\_\_ to\_\_\_\_\_**

**Total number of hours instructed \_\_\_\_\_**

**Did you graduate? (circle answer) YES NO**

**Name of School; \_\_\_\_\_**

**Address; \_\_\_\_\_**

**Tel No. ( ) \_\_\_\_\_**

**Are you a college graduate? (circle answer) YES NO**

**If your answer to the above question is YES describe type of degree received;**

\_\_\_\_\_

**If you attended a graduate school, did not graduate, state the total course credits earned; \_\_\_\_\_credits.**

**Below list short term trade related training schools offered by manufactures, supply houses, schools, municipalities or others that you have attended.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**As per section 10 of the Putnam County Plumbing Licensing Law the applicant shall present satisfactory evidence that he/she has served four (4) years apprenticeship and five(5) years as a journeyman plumber, in the employ of a licensed Master Plumber and such other evidence, as the Board may require to prove applicant's qualifications.**

**APPRENTICESHIP (four (4) years) List names, address, tel. no. and dates of licensed Master Plumbers where you were employed.**

1) Name of employer; \_\_\_\_\_

Address; \_\_\_\_\_

Tel. No. ( ) \_\_\_\_\_

Dates of employment; From \_\_\_\_\_ To; \_\_\_\_\_

2) Name of employer \_\_\_\_\_

Address; \_\_\_\_\_

Tel. No. ( ) \_\_\_\_\_

Dates of employment; From; \_\_\_\_\_ To; \_\_\_\_\_

**LIST ADDITIONAL APPRENTICESHIP EMPLOYMENT ON SEPARATE SHEET OF PAPER IF REQUIRED.**

**JOURNEYMAN (five (5) years) List names, address, telephone, and dates of licensed Master Plumbers where you where or are employed.**

**PRESENT EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED.**

Name of employer; \_\_\_\_\_

Address; \_\_\_\_\_

Tel; \_\_\_\_\_

Dates of employment; From; \_\_\_\_\_ to \_\_\_\_\_

**PREVIOUS EMPLOYMENT STATEMENT**

**(1) Name of employer;** \_\_\_\_\_

**Address;** \_\_\_\_\_

**Tel. No. ( )** \_\_\_\_\_

**Dates of employment ; From;** \_\_\_\_\_ **to** \_\_\_\_\_

**(2) Name of employer;** \_\_\_\_\_

**Address;** \_\_\_\_\_

**Tel. No.** \_\_\_\_\_

**Dates of employment; From;** \_\_\_\_\_ **to** \_\_\_\_\_

**3) Name of employer;** \_\_\_\_\_

**Address;** \_\_\_\_\_

**Tel. No. ( )** \_\_\_\_\_

**Date of employment; From;** \_\_\_\_\_ **to** \_\_\_\_\_

**LIST ADDITIONAL JOURNEYMAN EMPLOYMENT ON SEPARATE SHEET OF PAPER IF REQUIRED.**

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

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