

**CITY OF KINGSTON**  
Board of Plumbing Examiners  
[buildings@kingston-ny.gov](mailto:buildings@kingston-ny.gov)

Steven T. Noble, Mayor

David Allen, President

**CITY OF KINGSTON GAS CONTRACTOR LICENSE EXAM APPLICATION**

Applicant Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Name of Present Employer: \_\_\_\_\_ License # \_\_\_\_\_

License held in other municipalities. Include license number.

\_\_\_\_\_

Review additional pages for further instructions.

I certify that the information on this form and all supporting documentation is true and accurate. I understand that any incomplete, inaccurate or false information may cause my application to be delayed or denied.

\_\_\_\_\_  
Applicant Signature                      Print Applicant Name                      Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

In the State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_ Affix Seal:

Signature of Notary Public

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**EMPLOYMENT VERIFICATION FOR APPLICANT**

Company Owner/License Holder: The following applicant is applying to take the City of Kingston Gas Contractor examination and has indicated that they have worked under your direct supervision during their time of employment. Each applicant is required to submit an original signed and notarized copy of this form with their application for all employers they are using as proof of experience.

Applicant/Employee Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Holder: \_\_\_\_\_ License Number \_\_\_\_\_

Jurisdiction of License(s) \_\_\_\_\_

I, \_\_\_\_\_ hereby certify, under penalty of perjury, that \_\_\_\_\_  
has (4) years' experience installing gas appliances. I agree to submit additional  
documentation, if requested, to the licensing board to verify any of the above information.

\_\_\_\_\_  
Company Owner/License Holder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

In the State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Affix Seal:

Signature of Notary Public