

CITY OF KINGSTON
Board of Plumbing Examiners
buildings@kingston-ny.gov

Steven T. Noble, Mayor

David Allen, President

GUIDELINES AND DOCUMENTATION FOR MASTER PLUMBING EXAM APPLICANTS

Applicants must provide proof of (5) five years' full-time experience employed by a licensed Master Plumber to the satisfaction of the Board of Plumbing Examiners. Applicants will be required to attend and participate in an interview with the licensing board to further evaluate work experience. Applicants will also need to obtain a passing grade of (75) seventy-five on the Boards written and practical examinations.

THE FOLLOWING LIST OF ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION

1. Submit one of the following documents as proof of employment: **(A)** Social Security earnings report <http://www.socialsecurity.gov/forms/ssa-7050.html> or **(B)** Federal W-2 forms showing the applicants' name, the employer's name and the reported income from each employer or **(C)** Federal schedule C or K-1 forms showing proof of business ownership if the applicant is self-employed and cannot produce either item A or B.
2. A completed, signed and notarized employment verification form from **all** previous and current employers (including yourself if self-employed) that you are claiming experience from. (This in addition to item #1)
3. Letters of good standing or verification from any jurisdiction outside the City of Kingston, NY where licenses are held by the applicant. All letters must indicate the original issue date of each license.
4. A copy of your driver's license.
5. Exam/ Application fee: \$100.00 are payable to "City of Kingston Comptroller" and should be submitted along with your application to the Building Safety and Zoning Enforcement office located at 5 Garraghan Drive, Kingston, NY 12401. Approved methods of payment include check, money order or credit card.
6. License Fee: \$300.00 (annual) Payable after successful completion of written and practical exam with a minimum passing grade of 75.

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MASTER PLUMBING 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 # _____

Have you previously held a license from this board? _____ When? _____

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 _____

Signature of Notary Public

Affix Seal:

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EMPLOYMENT VERIFICATION FOR MASTER PLUMBING APPLICANT

Company Owner/License Holder: The following applicant is applying to take the City of Kingston Master Plumbing 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: _____

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 _____ is or has been duly employed on a full-time basis by the above named entity under the direct supervision of a licensed Master Plumber working on the installation, maintenance, extension, testing, alteration or repair of piping, valves, fixtures and plumbing appliances in connection with sanitary drainage or storm drainage facilities, venting systems and public or private water supply systems. 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