

CITY OF OSWEGO

**Application for Examination and a
Certificate of Competency**

EXAMINING AND SUPERVISING BOARD OF PLUMBERS AND PLUMBING

Gentlemen:

I _____, respectfully apply for the:

Master Plumber _____

OR

Residential Plumber _____

License Examination(s) as to my fitness and qualifications to enter and conduct the business of a master or employing plumber in this city.

(Applicant Signature)

STATE OF NEW YORK)
COUNTY OF OSWEGO) ss.

_____ being duly sworn deposes and says that this application is filled out by him/her and for him/her only and in his/her own handwriting. That his/her full name is: _____

(Legal Name)

That his/her address is: _____

(Street and Number)

That his/her telephone number is: _____

(Telephone Number)

That his/her email address is: _____

(Email Address)

that he/she is a citizen of the United States and that he/she has been employed:

By: _____ of _____, _____ years.

(Name of Employer) (Name of City)

By: _____ of _____, _____ years.

By: _____ of _____, _____ years.

That his/her business or employment during the past five (5) years has been:

That he/she will faithfully observe the rules and regulations of the Examining Board. As expressed in the Sanitary Code, and that the whole of the foregoing statement is true.

Sworn to before me this _____
Day of _____, 20 _____

Applicant Signature

Notary Public/Commissioner of Deeds

We, the Undersigned, hereby certify and each for himself hereby certifies, that he is personally acquainted with _____
(Name of Applicant)
the person making this application, and believe him to be of good moral character and of temperate habits and that each of us is willing that this Certificate may be published for public information.

_____	_____
(Name)	(Address)
_____	_____
_____	_____

Sworn to before me this _____ day of _____, 20_____

Notary Public/Commissioner of Deeds

\$ _____ OSWEGO, N.Y. _____ 20_____

Received of _____ the **non-refundable** sum of Two Hundred Fifty Dollars (\$250.00), the fee required by law to accompany this application for examination

Clerk of the Examining Board

NOTICE: The making herein of any statement other than the truth, will be considered sufficient cause for the cancellation of this application and a certificate of competency, if issued in pursuance of this application.

QUALIFICATIONS AND EXPERIENCE OF APPLICANTS FOR EXAMINATION:

Persons making application to the Examining Board of Plumbers of the City of Oswego for an examination for a Certificate of Competency, shall be persons who have had at least five (5) years experience as Journeymen in the trade, calling or business of plumbing. During which period the applicant shall have been in the employ of employing plumbers or master plumbers who are holders of a Certificate of Competency issued by the Examining Board of Plumbers of the City of Oswego, or certificates issued by Examining Boards located in other municipalities.

Approved by the Examining Board of Plumbers of the City of Oswego, NY, January 1, 1991

No.: _____

APPLICATION

OF

(Name)

(Residence)

Received _____, 20 _____

Date of Examination: _____, 20 _____

Passed _____ 20 _____

Rejected _____ 20 _____

No. of Certificate of Competency _____

Date of Certificate _____ 20 _____

**Examining and Supervision Board
Of
PLUMBERS AND PLUMBING
OSWEGO, N.Y.**