



**Town of Islip**  
**Department of Planning and Development**  
**Plumbers' Examining Board**  
 655 Main Street, Islip, NY 11751  
 Phone (631) 224-5360 • Fax (631) 224-5365

**Plumbers' Examining Board**  
 James Lange, Chairman  
 Sean Conlon  
 Peter Russo  
 Anthony DiFede  
 Michael Barone  
 James Alcus  
 Dale A. Gross

Linda Stone, Secretary  
 LStone@IslipNY.gov

**1** **Applicant Reference Form for Limited Plumber's License**  
*This form to be completed a Licensed, Registered Plumber*

I hereby swear that I am a duly certified Licensed, Registered Plumber,  have known,  have employed

\_\_\_\_\_, the applicant herein, as a Master Plumber or Journeyman  
Applicant's Full Name

from \_\_\_\_\_ to \_\_\_\_\_; that I found him to be competent, sober and industrious, and of good  
Date met/hired End hire date/present

character. I consider him qualified to be licensed as a Limited Plumber in the Town of Islip.

I further swear that I have read the statements made by him/her in his/her application and believe them to be true.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Place of Business: \_\_\_\_\_ City/Village: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ City/Village: \_\_\_\_\_

Certificate of Competency No. \_\_\_\_\_ or, Certificate of Registration No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public

Name \_\_\_\_\_