



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
Michael Barone
Dale Gross
Michael Montiglio
Linda Stone, Secretary
LStone@islipny.gov

Limited / Restricted Plumbing License Requirements & Application

*All required documentation must be submitted to the Secretary to the Plumber's Board, Linda Stone.
Linda can be reached at 631-224-5360 or via email at LStone@islipny.gov*

In order to obtain a Limited Plumber's License in the Town of Islip, the following items are required:

1. \$50.00 Filing Fee (*check or money order payable to the Town of Islip*).
2. Completed application (*two pages – attached*).
3. Two Plumber's Reference Forms (*attached*). Both forms must be completed, signed and notarized by a licensed plumber, who has either employed you, or knows you in your work capacity.
4. Two recent photographs (*must be 1 ½ x 1 ½ inches, showing the entire face*). Please print your name on the back of the photos.
5. Three character references in letterform. The character references must be signed.
6. W-2 Forms for the past five years.
7. If your business is a corporation or partnership, please submit a notarized letter stating what percentage of the business you own.
8. Two proofs of business address – (either – a tax bill, utility bill, bank statement, voucher from plumbing supply, cancelled checks, rent receipt and/or lease).

***You may also submit at this time any programs, certificates; schooling etc. that you feel would be helpful to the Plumbing Board Members when considering your application.

Once the above items have been received by the Secretary, they will be presented to the Plumbers' Examining Board for review. The Applicant will be notified by mail or phone of the interview date. After the interview, the Applicant will be scheduled for a written exam.

Upon completing the exam process, the Applicant must submit the following to the Plumbing Board Secretary

- *All insurance certificates must be insured to the business address under the applicant's name or business name.*
- *The Town of Islip must be named as Certificate Holder or Entity Requesting Proof of Coverage on all of the insurance forms.*
- *ACORD Forms are not acceptable proof of NYS Workers Compensation or Disability Benefits Insurance Coverage.*

1. Certificate of Liability

- a. \$1,000,000.00 for each accident and property damage
- b. \$1,000,000.00 for each person.
- c. \$1,000,000.00 for each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip.
- d. Town of Islip must be listed as additional insured.

2. Certificate of Worker's Compensation.

- a. Must be submitted on New York State Form C-105.2, NYS GSI-105.2 (2/02) or U-26.3
- b. If self-employed, **a signed and dated** New York State CE-200 Form must be submitted.

3. Disability Insurance

- a. Must be submitted on New York State Form DB-120 or DB-155
- b. If exempt, submit **a signed and dated** New York State CE-200 Form.

4. Fee:

- a. A Limited Plumber's License Fee is \$150.00
- b. If applicant has two or more Limited License, the first license fee will be \$150.00 and \$75.00 for each additional license. For example, HVAC License is a dual license; therefore, the fee is \$225.00. All license is valid for a 3-year period.

If yes, where? Please list Town and / or villages and attach a copy of your license. If you need additional space, please attach a separate sheet.

3. Has your company, any predecessor company, or you personally, ever been denied a license or had a previously issued license revoked? (check one) Yes No
If yes, where? _____ When? _____ Why? _____

4. Are you presently conducting business or doing work on your own account? _____
5. Have you read and do you understand the Plumbing and Drainage Rules and Regulations of the Town of Islip (New York State Plumbing Code 2015)? _____
6. Do you now or ever had a town of Islip Plumber's License? _____
7. Are there any uncorrected violations existing against your prior work as a plumber? _____
8. Name and address of Licensed Plumbers who have employed you as a plumber at any time during the last five years:

1. _____
Print Licensed Plumber's Full Name Company Name

Address No. Street Town State Zip

Employed from: _____ to: _____

2. _____
Print Licensed Plumber's Full Name Company Name

Address No. Street Town State Zip

Employed from: _____ to: _____

3. _____
Print Licensed Plumber's Full Name Company Name

Address No. Street Town State Zip

Employed from: _____ to: _____

I hereby declare, under oath, that I fully understand and have answered in my own handwriting, all of the above questions truthfully; that I am the person to be examined and that I have affixed my signature to this application.

Signature: _____

Sworn to before me this _____ day

Print Name: _____

of _____ 20_____

Date: _____

Notary Public Name _____



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Applicant Reference Form -1- for Limited / Restricted Plumber's License

This form must be completed by 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

Applicant's Full Name

Type of Restricted License

From to; during this time, his/her responsibility included:

His/her work was [] Excellent [] Satisfactory [] Poor Comments:

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

Type of Limited License

Place of Business: City/Village:

Date of Registration: City/Village:

Certificate of Competency No.: or Certificate of Registration No.:

Print Name Signature:

Sworn to before me this day

Of 20

Notary Public

Name



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Applicant Reference Form -2- for Limited / Restricted Plumber's License

This form must be completed by 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 _____

Applicant's Full Name

Type of Restricted License

From _____ to _____; during this time, his/her responsibility included:

His/her work was Excellent Satisfactory Poor Comments:

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

endorse his/her application _____

for _____

Type of Limited License

Place of Business: _____ City/Village: _____

Date of Registration: _____ City/Village: _____

Certificate of Competency No.: _____ or Certificate of Registration No.: _____

Print Name _____ **Signature:** _____

Sworn to before me this _____ day

Of _____ 20 _____

Notary Public

Name _____