



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
James Alcus

Linda Stone, Secretary
LStone@islipny.gov

Master 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 Master Plumber's License in the Town of Islip, the following items are required:

1. \$200.00 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. (*Not required for reciprocal license*).
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. (*Not required for reciprocal license*).
6. W-2 Forms for the past seven years. (*Not required for reciprocal license*).
7. If your business is a corporation or partnership, please submit:-
 - (i) Schedule K-1 (*Form 1120 S for S corps. Form 1065 for Partnerships*).
 - (ii) An affidavit or notarized letter on company' letterhead stating that the Applicant has controlling financial interest in the company.
8. Two proof of business address – (either – a tax bill, utility bill, bank statement, voucher from plumbing supply, cancelled checks, rent receipt **and/or** lease).
9. If you are applying for a **Reciprocal License** you must **also** provide:
 - (i) Certificate of Competency from the Town in which you reside or have your business.
 - (ii) A current letter of Good Standing from the Town in which you reside or have your business. (Letter of Good Standing should be dated within one month).

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, you will be scheduled to meet with the Plumbers Examining Board where you will be interviewed and your application will be reviewed. If you pass the interview, you will be scheduled for a written, practical and schematic test. If you are requesting a license under the reciprocal agreements and the Board approves your application, you do not have to take the test.

Upon successfully completing the interview and exam process, the Applicant must submit the following:

- *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.
 - c. **A Master Plumber's License fee is \$250.00 valid for a 3-year period.**

Reference Material for Exams:

- 1) 2015 International Plumbing Code.
- 2) 2015 International Fuel and Gas Code.
- 3) Americans with Disability Act Guidelines for Bathrooms.
- 4) International Building Code, (cutting and notching).
- 5) Contractors Guide to Business, Law and project management (NASCLA).



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Application for Master Plumber's License

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

Pursuant to the provisions applicable to the New York State construction Code for Plumbing, I hereby apply for a Master Plumber's License.

1) Applicant's Full Name:

Please Print

2) Home Address:

House Number	Street	Town	State	Zip
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3) Home Phone: __ (____) _____ Cell Phone : __ (____) _____

4) Email Address:

5) Business Name:

6) Business Address:

No.	Street	Town	State	Zip
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7) Business Phone: _____ Business Fax: _____

8) How long have you been engaged in the above occupation? _____

9) Are you currently licensed to conduct this business with another Town or Village? _____

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.

10) 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? _____

11) Are you presently conducting business or doing work on your own account? _____

12) 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)? _____

13) Do you now or ever had a Town of Islip Plumber's License? _____

14) Are there any uncorrected violations existing against your prior work as a plumber? _____

15) 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: _____

Print Name: _____

Date: _____

Sworn to before me this _____ day

of _____ 20_____

Notary Public Name _____



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Applicant Reference Form 1 for Master 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 *Master Plumber*

Applicant's Full Name

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 Master 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 Master Plumber

Applicant's Full Name

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