

**TOWN OF WEST SENECA  
EXAMING BOARD OF PLUMBERS  
APPLICATION FOR MASTER PLUMBER'S LICENSE**

1. Name \_\_\_\_\_
2. Business Name/Partnership \_\_\_\_\_
3. Address \_\_\_\_\_
4. Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Phone number \_\_\_\_\_
6. Experience and Training in Plumbing: (List names of employers and number of years)
  - a. Schooling-(Plumbing courses only)
   
\_\_\_\_\_
   
\_\_\_\_\_
  - b. Apprentice or Helper-
   
\_\_\_\_\_
   
\_\_\_\_\_
  - c. Journeyman-
   
\_\_\_\_\_
   
\_\_\_\_\_
  - d. Have you ever held a Master Plumber's License in West Seneca? \_\_\_\_\_
   
If yes; License Number \_\_\_\_\_ first date of issuance \_\_\_\_\_
  - e. Master Plumber-(list other plumbing licenses which you have held)
 

	Municipality	License Number	Latest Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
7. References- (Customers, employers, etc.)
 

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
8. Have you ever been refused a license or had one revoked? \_\_\_\_\_ If answer is yes, please provide particulars \_\_\_\_\_
9. Have you read and do you understand the plumbing and drainage ordinance and regulations of the Town of West Seneca? \_\_\_\_\_

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