



TOWN OF GRAND ISLAND

APPLICATION FOR PLUMBING EXAMINATION
____MASTER ____JOURNEYMAN
(Examinations on 1st Saturday in February, May, August,
& November)

LAST FOUR DIGITS S.S. # _____

NAME: _____
(Last) (First) (Initial)

HOME ADDRESS: _____

TELEPHONE NO.: _____ DATE OF BIRTH: _____

EMAIL: _____

PROOF OF RESIDENCY: NYS DRIVERS LICENSE, UTILITY BILL, TAX BILL

PRACTICAL EXPERIENCE RECORD

<u>EMPLOYER NAME</u>	<u>PHONE NO.</u>	<u>NATURE OF WORK</u>	<u>HOW LONG</u>
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PRESENT: _____

PREVIOUS: _____

OTHER: _____

TOTAL YEARS OF APPRENTICESHIP COMPLETED: _____

EDUCATION: _____

TRADE OR VOC. SCHOOL: _____

LIST ANY VALID PLUMBING LICENSES: _____
(Attach Copies with Application)

SIGNATURE: _____ DATE: _____

NOTE: Applicants will be notified by mail of the Plumbing Board's acceptance or denial of application. Qualified applicants will be advised of future testing dates and times, as well as applicable fee payment deadlines.

STATUS OF APPLICATION: _____ DATE: _____