

**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. 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.	_____	_____	_____
6. References- (Customers, employers, etc.)

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
7. Have you ever been refused a license or had one revoked? _____ If answer is yes, please provide particulars _____

8. Have you read and do you understand the plumbing and drainage ordinance and regulations of the Town of West Seneca? _____

Signature _____ Date _____