

**City of North Tonawanda Plumbing Department
216 Payne Ave North Tonawanda, NY 14120**

Master Exam Nov \$125.00 _____

Journeyman Nov. \$75.00 _____

Master Exam April \$250.00 _____

Journeyman April \$125.00 _____

APPLICANT INFORMATION											
Last Name			First				M.I.				
Street Address											
City					State			ZIP			
Phone				E-mail Address							
Date of Birth			Social Security No.								
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
EDUCATION											
High School			Address								
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Training Courses											
EMPLOYMENT											
Company						Phone					
Address						Supervisor					
From		To	Describe your job Duties								
EMLOYMENT											
Company						Phone					
Address						Supervisor					
From		To	Describe your job duties								

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EMPLOYMENT		
Company		Phone
Address		Supervisor
From	To	Describe your job duties
Company		Phone
Address		Supervisor
From	To	Describe your job duties

MUNICIPALITIES THAT YOU HOLD A JOURNEYMAN OR MASTER PLUMBING LICENCES

APPLICANT AFFIDAVIT AND SIGNATURE

I, the undersigned, solemnly swear that I have read all the statements in this application for the Master / Journeyman license examination, and certify that all statements are true and correct.

Applicant Signature _____

Date _____

Subscribed and sworn to before me.

Board Decision _____

This _____ Day of _____ 20 _____

State of New York County of _____

Signature of Officer _____
